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Centre for Public Health Research

**An Evaluation of the Cheshire Sexual Health Promotion
Project**

**Catherine Perry
Miranda Thurston
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November 2005

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Summary

Introduction

This report documents an evaluation study of the Sexual Health Promotion Project, which was established in 2000 and ran until 2004, in Cheshire. The Project was funded jointly by South Cheshire Health Authority and Cheshire Youth Service, and was overseen by a multi-disciplinary steering group with representatives from youth, health, health promotion and education.

Study design and methods

The Sexual Health Promotion Project was evaluated against the original stated aim and objectives for the Project. Essentially, a case study approach was adopted, as case studies are valuable when attempting to capture all salient aspects of an intervention. Combining different kinds of data allowed a picture of the Project and its development to be generated. In order to explore stakeholders' experiences and perceptions of the Sexual Health Promotion Project and sexual health and relationships education, semi-structured interviews were conducted with youth workers, the Project workers, and representatives from the partnership organisations, and focus groups were conducted with young people. Although mainly qualitative approaches to data collection were used in this study, analysis of secondary data sources (surveys conducted by the Sexual Health Promotion Project worker during her first year in post), provided some quantitative data.

Findings and conclusion

The first objective of the Sexual Health Promotion Project was to develop, in collaboration with youth workers and young people, a range of effective, appropriate and inclusive programmes for sex and relationships education. Circumstantial evidence indicates that the project made some progress on this objective in respect of:

- preliminary needs assessments carried out with youth workers and young people were used to inform the work of the Project and increased the likelihood of SRE programmes of work being effective, appropriate and inclusive;
- the topics of sexual health, sexuality, and relationships were perceived to be higher on the Youth Service agenda as a result of the Project;

-
- the young people who had experience of Youth Service SRE (the numbers of which over the four year period were not known) felt this to be appropriate to their needs, and, in many cases, more appropriate than SRE delivered in schools.

Limited progress was made in respect of addressing directly the needs of LGB young people:

- professionals reported a decline in attendance at youth groups provided specifically for young LGB people;
- the Project did not resolve the difficulty of how best to provide a service that met the needs of LGB young people, a matter which has been debated in the literature.

The second objective of the Sexual Health Promotion Project was to support the design and delivery of staff development programmes for community and youth service staff aimed at increasing their capability to deliver sex and relationships education and in so doing increase the capacity of the Youth Service to promote sexual health. Evidence from this evaluation indicates that some progress was made towards this objective in respect of:

- a small number of youth workers who completed the accredited sexual health training and who improved their knowledge and skills in the area of sexual health and personal relationships education;
- the briefings on county sexual health policy and challenging homophobia were well attended and received;
- the Sexual Health Promotion Project provided sexual health information and resources to a wide variety of professionals working with young people in the Cheshire area.

A key limitation of the Project was the small number of youth workers who attended the training, which limited the extent to which the capacity of the Youth Service to better promote the sexual health of young people was increased.

The final objective of the Sexual Health Promotion Project was to develop new and existing links between the community and youth service, health services, education services, social services and other key agencies involved in the promotion of young people's sexual health, to ensure that their response to the sexual health needs of

young people was appropriate. There is some evidence to suggest that at both a strategic and operational level there was some progress towards this objective in respect of:

- contact with various agencies was established such that the Project was able to respond to requests for resources, advice and training sessions and so support others working in the community;
- the steering group membership, albeit variable in terms of who attended, was multi-agency and multi-disciplinary.

This Project emerged against a background of considerable organisational change in both the youth and health services and progress was made difficult by changes in the Project staff and steering group members. These constraints form part of the complex of variables that resulted in the Project not achieving all that it set out to achieve. Yet the Project was implemented at a time in which considerable attention was being given to improving the sexual health of the population, particularly of young people where risky behaviours are most prevalent. Given the above, it is difficult to avoid the conclusion that, whilst locating the Project within the Youth Service had a number of advantages, it was, not fit for purpose in respect of being able to accommodate the Project effectively between 2000-2004. The steering group might have played a more strategic and proactive role in addressing the well documented problems that the Project was experiencing and therefore played a stronger part in managing the Project towards successful implementation.

The need for young people to experience timely, high quality SRE that is responsive to their needs and addresses relationships issues, including same sex relationships, is as pressing as ever. The current policy agenda emphasises a cross cutting approach to sexual health promotion and the integration of services. The Sexual Health Promotion Project has experimented with many of the issues attending this policy arena. To this end, this report has highlighted some learning points that can be used to inform future work in this area.

Chapter 1

Background to the study

1.1 Introduction

This report documents an evaluation study of the Sexual Health Promotion Project, which was established in 2000 and ran until 2004, in Cheshire. In this chapter, a brief introduction to the history and working of the Sexual Health Promotion Project is given, followed by details of the aim and objectives of this evaluation study.

1.2 Development of the Sexual Health Promotion Project

The Sexual Health Promotion Project was initiated in Cheshire in 2000, the idea having been developed by the HIV Co-ordinator for South Cheshire Health Authority. It was funded jointly by South Cheshire Health Authority and Cheshire Youth Service, and was overseen by a multi-disciplinary steering group with representatives from youth, health, health promotion and education. Funding was provided for a three year project, but towards the end of 2001 was extended to cover an extra year.

The Sexual Health Promotion Project developed against a background of considerable organisational change on a number of levels. Both the youth and health services were undergoing considerable re-structuring. Membership of the steering group was not constant for the duration of the Project as a number of professionals changed their roles and responsibilities. In particular, shortly after the commencement of the Sexual Health Promotion Project, a number of individuals who were involved in the original development of the Project left their jobs to take up new positions. In addition, at the operational level, the team of project workers was subject to a number of changes over the four year period, as explained below.

It was originally envisaged that the Sexual Health Promotion Project would be staffed by three part-time youth workers, one based in each of east, central and west Cheshire localities. Three people were appointed, but two of these individuals did not take up their posts. Thus, the third worker was offered a full-time post, to start in October 2000. In September 2001, an additional part-time worker was also appointed. This part-time post was to have a specific lesbian, gay and bisexual (LGB) focus, with the full-time project worker focussing on all young people. Both workers had a county-wide remit.

The full-time project worker resigned at the end of March 2002. At this time the post was re-evaluated to include a supervisory role in relation to the other, part-time post. The new project worker then commenced work in June 2002. The workload split between the two workers was changed so that they each worked in particular geographical areas of Cheshire, covering all sexual health issues including LGB. At the end of 2002, the part-time worker resigned from the post, to be replaced in July 2003. The two remaining workers, one full-time and one part-time, then stayed in post until nearly the end of the Project.

1.3 The work of the Sexual Health Promotion Project

At the outset, the main aim of the Project was to promote the sexual health and well-being of young people, in particular LGB young people. Its stated objectives were:

- to develop, in collaboration with youth workers and young people, a range of effective, appropriate and inclusive programmes of sex and relationships education (SRE) for young people;
- to support the design and the delivery of staff development programmes for community and youth service staff aimed at increasing their capacity to deliver SRE and promote sexual health;
- to maintain an up-to-date and accurate knowledge of local sexual health services and their accessibility to both young people and youth and community workers;
- to develop new and existing links between the community and youth service, health services, education services, social services and other key agencies involved in the promotion of young people's sexual health, to ensure that their response to the sexual health needs of young people is appropriate.

Work towards these objectives was carried out in a number of ways, and was documented in some detail by the project workers in regular reports to the steering group. Much of the early work on the Project involved becoming familiar with all the sexual health work that was being undertaken in the county, and networking with other agencies involved in this work. The full-time project worker also conducted a needs assessment with both young people and youth workers in order to inform her work, and developed a set of practice guidelines for youth workers working on sexual health promotion.

At the end of 2001 the project worker developed a training course for youth workers in sex and relationships education. This was in response to a perceived need for youth workers to receive training in relation to their work with young people around sexual health. The aim of the training was to develop the skills, knowledge and confidence of youth workers to enable them to engage effectively with young people on a wide range of sexual health issues. The course consisted of 15 hours of taught sessions and 15 hours work placement/project work, and the project worker was successful in gaining accreditation for the training from the North West Regional Accreditation and Moderation Panel of the North West Regional Youth Service Unit. This training course ran twice during the lifetime of the project, once in February 2003 and again in October 2003.

When the second post holder took over the full-time project worker role, a number of principal responsibilities for the role were identified and work was concentrated in these areas. Identified responsibilities were to:

- develop and deliver training programmes aimed at increasing the capacity and confidence of community and youth service staff to deliver sex and relationships education sessions and programmes which promote the health and well-being of LGB young people;
- identify and develop links with other initiatives and plans (for example, the National Healthy School Standard) to ensure co-ordination of work, best use of resources and to avoid duplication of effort by attending inter-agency and partnership meetings to share and disseminate good practice;
- develop programmes of inclusive sex and relationships education to meet the identified needs of young people;
- identify current service provision across the county in relation to sexual health services and support for LGB young people in order to identify gaps and duplication in provision and make recommendations regarding additional provision where required;
- advise senior staff and provide written reports for them on issues relating to sexual health legislation to ensure that the County Council meets its legislative requirements and the requirements of its sexual health policy;
- manage sexual health youth workers to enable them to deliver effective services for young people and to ensure adequate support and supervision to people engaged in this field;

-
- identify a best practice framework across the county to agreed and consistent standards in order to encourage equity and responsiveness to local needs;
 - develop and maintain accurate records of the nature and availability of local sexual health-related services in order to monitor and evaluate their accessibility and effectiveness for young people and youth and community workers.

1.4 Aim and objectives of the study

This study was largely qualitative and exploratory in nature, and was designed to assess the extent to which the Sexual Health Promotion Project had achieved its aim and objectives. The objectives of the study were to:

- explore with young people their perceptions of SRE, where they obtained information about sex and relationships, where they felt most comfortable receiving such information and what they knew about local sexual health service provision;
- explore with youth workers their perceptions of SRE, their experience of providing SRE, training opportunities and needs around SRE and how successful the Sexual Health Promotion Project had been in terms of supporting their SRE work;
- explore the perceptions of the project workers of their role and the objectives and achievements of the Sexual Health Promotion Project;
- explore the perceptions of the Project steering group in relation to the objectives and achievements of the Sexual Health Promotion Project.

1.5 Structure of the report

This report is organised into a number of chapters. In Chapter 2, a literature review of relevant areas is presented. Chapter 3 details the evaluation strategy and data collection methods, and the findings are reported in Chapters 4 and 5. Finally, in Chapter 6, there is a discussion of the findings.

Chapter 2

Literature review

2.1 Introduction

In order to provide a broad context for the study, the literature relating to sex and relationships education and the provision of sexual health services for young people will be explored. The following areas are discussed:

- the national policy context;
- sex and relationships education;
- sexual health services for young people;
- lesbian, gay and bisexual young people;
- training of staff who provide sex and relationships education and sexual health services.

2.2 The national policy context

The national strategy for sexual health and HIV (Department of Health, 2001) is the first strategy of its kind in the United Kingdom (UK). It highlighted the importance of good sexual health for physical and psychological well-being and the importance of access to information and services in order to avoid the risk of unintended pregnancy, illness or disease. In the UK, sexual health problems have increased in recent years (Adler, 2003; Department of Health, 2001), resulting in sexual health services being increasingly unable to cope with the growing demand placed upon them (Adler, 2003; Kmeitowicz, 2003). Teenage sexual health has particularly become a cause for concern, with young people becoming sexually active at an earlier age (Adler, 2003). Government documents such as 'Health of the Nation: A Strategy for Health in England' (Department of Health, 1992), and 'Saving Lives: Our Healthier Nation' (Department of Health, 1999), identified targets for improving the sexual health of teenagers and in the most recent public health White Paper, sexual health is one of the key target areas for improvement (Department of Health, 2004). Many of these targets have centred on the reduction and management of teenage pregnancy, but although there are falling rates of teenage pregnancy in those aged under eighteen (Weyman, 2003), the UK continues to have the highest rates of teenage pregnancy in Western Europe (Independent Advisory Group on Teenage Pregnancy, 2001; Weyman, 2003). Research has also concluded that there is substantial sexual ill health amongst young people (Nicoll, Catchpole, Cliffe, Hughes, Simms, & Thomas, 1999). There has been a rise in the incidence of sexually

transmitted infections (STIs) with figures showing that around one in ten sexually active young women is infected with Chlamydia (Kmietowicz, 2003), a figure that is rising (Weyman, 2003).

The focus of recent policy activity highlighted above has served not only to prioritise the sexual health of young people, but also to draw attention to areas of sexual health previously ignored, for example, alternative sexualities. Strategies such as *The National Strategy for Sexual Health and HIV* (Department of Health, 2001) have placed emphasis upon targeting sexual health information about HIV, AIDS and STIs to specific minority sexual groups such as gay and bisexual men. Traditionally, sex and relationships education guidance (Department for Education and Employment, 2000) has highlighted what may be considered to be the conventional view of family life, that is, marriage, children and a heterosexual relationship. Teachers may have been encouraged not to deviate from this path when taking into consideration the socially and culturally diverse backgrounds of many groups of young people and aspects of sexual health that may be considered inappropriate or offensive (Department for Education and Employment, 1999).

The negative impact that Section 28 of the Local Government Act has had on sex and relationships education for lesbian, gay and bisexual (LGB) young people has also been documented (Stonewall, 1999). Section 28 prevented local authorities from intentionally promoting homosexuality (Stonewall, 1999; Terrence Higgins Trust, 1999). In a study carried out by the Institute of Education, 61% of teachers felt that lesbian and gay issues should be dealt with by schools, but felt unable to do so themselves because of lack of official guidance, fear of criticism, and confusion over Section 28 (Stonewall, 1999). However, Section 28 prohibited *local authorities* from promoting homosexuality and did not, it was argued, apply to schools (Burton, 1995; Outrage, 1998). Central Government guidance stated that all schools should provide knowledge about the nature of sexuality and that Section 28 should not prevent objective discussion of homosexuality in the classroom (Department for Education and Employment, 2000; Kelly, 1996). Thus, there was no legal reason for excluding the discussion of LGB issues in the school environment, and there was, arguably, a requirement that they should be addressed. Despite the recent repeal of Section 28, some confusion around addressing and discussing sexuality remains as there are no clear guidelines in place as to how issues about homosexuality may be broached nor how best to provide information to inform young people and provide support where necessary (Sieg, 2003).

2.3 Sex and relationships education

Accessibility to both resources and information are seen as the key ingredient in good sexual health care (Department of Health, 2001; Kinghorn, 2001). However, it is not clear who may be best placed to provide this information to young people (Kinghorn, 2001). Young people can receive education about sex and relationships from various sources including schools, parents, health professionals, youth workers and peers and in formal and informal settings.

Schools are considered to be the largest providers of sex and relationships education (Walker, Green, & Tilford, 2003), but it has been claimed that, to date, there has been inadequate provision of sex and relationships education in schools, in particular in relation to alternative sexualities (Mullen, 1998; Ray, 1998). A recent Ofsted report (2002) found that in one in ten of all schools the quality of sex and relationships education (SRE) was poor, with no involvement of young people when planning or evaluating SRE policies. Areas where it was thought that, in particular, insufficient coverage was given were HIV and AIDS, and parenthood, despite these issues being identified as important topics for discussion. These problems may partly be alleviated by using external agencies such as general practitioners, nurses and youth workers to their full potential when planning and delivering sex and relationships education in schools (Ofsted, 2002). In addition, Baraitser, Dolan, Feldman, and Cowley (2002) claim that community-based multi-agency, multi-disciplinary services can provide support tailored towards individual needs, as opposed to school-based sex education based upon the expectation that those 'of a similar age have similar sex education needs' (Baraitser et al., 2002, p.21).

It may also be necessary to address issues of parental consent when teaching about SRE in schools. Research conducted by Harrison (2000) emphasised that although nearly three quarters of the parents interviewed would not prevent their children from attending sex education classes, the discussion of homosexuality and lesbianism was seen as inappropriate. A quarter of these parents went on to say that matters concerning sexuality should not be discussed until the age of 16, an age where many young people may have already had sexual experiences and/or be confused about their sexuality (Harrison, 2000).

Some steps have been taken at a national level to improve SRE and advice services for young people (Independent Advisory Group on Teenage Pregnancy, 2001). The Ofsted sex and relationships report (Ofsted, 2002) suggests that a holistic approach

to teaching about sexual health might be adopted, in order to respond fully to the needs of young people by setting its teaching within a developed moral context. This has been supported by the Family Planning Association which has stated, 'sexual health should be underpinned by a holistic ethos, which positively promotes human sexuality and accepts sexual activity as normal and life enhancing' (Family Planning Association, 2000). This statement does not appear to differentiate between, nor stigmatise, different sexual orientations.

Of other sources of sex and relationships education for young people, evidence suggests that parents, more often fathers than mothers, are reluctant to take a greater part in talking about sex and relationships with their children because they think that they lack the necessary knowledge and skills (Ofsted, 2002). It has been suggested that youth workers are in a good position to undertake SRE as characteristically the relationship between youth workers and young people is informal, with young people's engagement with them being voluntary (Sex Education Forum, 2002). Peer educators have also been advocated as a means of providing young people with SRE, as peer educators may better identify with the person asking for advice and vice versa (Department for Education and Employment, 1999). Research conducted by Svenson (1998) and Critchley (2002) has supported the idea of moving the role of sex educator away from teachers towards those such as youth workers and young people of similar ages and circumstances. This idea has been reiterated and supported by the provision of a sexual health promotion toolkit aimed at those working in the field of sexual health (Department of Health, 2003).

2.4 Sexual health services for young people

There is scope for improving the sexual health of young people if services are sensitive and relevant to their needs (Nicoll et al., 1999) and easily accessible to them (Zabin, 1993). However, research indicates that there are few specialist or discrete services for this group (Royal College of Paediatrics and Child Health, 2003). Services that are provided specifically for young people can still be difficult to access for contraceptive and counselling services when they are situated within traditionally provided services (Scally & Hadley, 1995), although a mainstream contraceptive service that was attractive to young people has been reported upon (Baraitser et al., 2002). Often, however, young people find that services are not geared to their needs (Weyman, 2003) and there is a perception that services are judgemental, unwelcoming and not confidential, as well as presenting practical barriers such as needing an appointment and restrictive opening hours (Aggleton,

Whitty, Knight, Prayle, Warwick, & Rivers, 1998). Very young adolescents, and young men in particular, are those who are least likely to access primary care services (Peckham, 1997; Perkins, Carlisle, & Jackson, 2003; Smith, 2000).

Research has indicated that there is considerable agreement amongst young people about the kinds of sexual health services they want (Peckham, 1997). Young people require services that are friendly, confidential, non-judgemental and where people can talk to them in a way that they understand (Egg Research and Consultancy, 1998; Peckham, 1997; Redman Goudie, & Taylor, 1997; Royal College of Paediatrics and Child Health, 2003). A 'drop-in' approach, with no appointment necessary, is often favoured by this group (Peckham, 1997; Redman et al., 1997). Opening around school closing time so that young people can drop-in on their way home (Read, 1995), as well as locating services within close proximity to schools, have been identified as important in that the reasons for seeking a consultation need not be obvious and young people can avoid having to explain their absence from school or home (Weyman, 2003). Services for young people need to be well publicised so that they are confident about how to access them (Royal College of Paediatrics and Child Health, 2003; Weyman, 2003) and they need support and encouragement to do so (Royal College of Paediatrics and Child Health, 2003). Involving young people in the planning and delivery of health services for adolescents has been suggested as a mechanism for designing sexual health services that are likely to engage young people (Chambers, Boath, & Chambers, 2002; Royal College of Paediatrics and Child Health, 2003).

Targeted services for young people are justified by the argument that they can prioritise aspects of service provision that are important to that client group (Baraitser, et al., 2002) as confidence in accessing sexual health services can be reduced if services are deemed 'inaccessible' by young people (Zabin, 1993). There is some evidence to indicate that services targeted at young people are successful in terms of key sexual health outcomes. For example, it has been reported that the introduction of 'youth clinics' in Sweden had led to a reduction in the incidence of teenage pregnancies; terminations; gonococcal and chlamydial infections; pelvic inflammatory disease; and ectopic pregnancy (Reiss, 1999).

The benefits of multi-agency and multi-disciplinary work can be numerous and there has been an increasing belief in these benefits in the field of health and welfare, including sexual health (Bloxham, 1996; Bloxham, 1998). For example, it has been

identified that sex and relationships education is more effective when linked with the provision of a sexual health service on the same site (Weyman, 2003). Gaze (2004) reported on a public health setting that brought together health and community staff to offer a sexual health service for young people. This service not only provided access to advice about sexual health, contraception and pregnancy, but also offered advice about mental health issues and general health and well-being. It was shown to be positively received by young people using the services and also had a positive impact in reducing teenage pregnancy rates in the area.

2.5 Lesbian, gay and bisexual young people

There are no official estimates of how many young people in the UK would identify as lesbian, gay or bisexual, but even the lowest estimates indicate that LGB young people must constitute a significant minority of the population (Burton, 1995). As indicated in the preceding sections, LGB young people are likely to have problematic experiences regarding both sex and relationships education and sexual health services. It has been identified that in order to provide good sex and relationships education and sexual health services for young LGB people 'clear policies need to be in place which support an inclusive environment and which challenge homophobia and other prejudices' (Sex Education Forum, 2002, p.3).

The then Health Education Authority reported that LGB adolescents were unlikely to receive information about their sexuality or relevant sex information whilst at school (Kelly, 1996). Moreover, in his review of the British literature, Mullen (1998) concluded that the sex education received by the majority of young LGB people was poor quality and inappropriate. More recently, Ellis and High (2004), after replicating research carried out by Trenchard and Warren (1984), concluded that although there has been an increase in the coverage of sex education in curriculum subjects such as English, the sciences, and sex and relationships education, there has also been an increase in the number of students, including LGB young people, finding the information provided unsatisfactory. Moreover, Ellis and High (2004) identified a rise in the number of young people subjected to verbal and physical abuse and isolation from their peers due to perceptions of their sexuality.

Given that the experience of young LGB people in school continues to be problematic, Ellis and High (2004) suggest that more services are needed external to the school environment which specifically target the needs of LGB young people. One example is mobile sexual health services (Thistle, 2003), where LGB young

people have the opportunity to meet others who are in similar situations. Collaborative work has also been advocated, between mainstream services such as counsellors and social workers, and students and teachers, and also partnerships between youth services and those providing support for LGB young people (Peters, 2003).

Youth work often provides the opportunity to undertake targeted work that meets specific needs, for instance those of LGB young people (Sex Education Forum, 2002). Youth groups specifically for young LGB people can serve a vital role in overcoming isolation (Peters, 1997), as well as being a good source of easily available and appropriate information about issues concerning LGB people, including sex and relationships education (Perry & Thurston, 2001). In a qualitative study, Nesmith, Burton, and Cosgrave (1999) found that the existence of a common meeting place was of fundamental importance to many of the LGB young people that they interviewed. As well as being somewhere to meet other young LGB people, youth groups can provide a 'safe space' for working out problems around 'gay' issues (Peters, 1997).

2.6 Training staff who provide sex and relationships education and sexual health services

The need for adequate training of those staff who deliver sex and relationships education and provide sexual health services to young people has been identified (Ofsted, 2000). As schools are the largest providers of sex education, it has been argued that they need to establish effective ways of delivering information, support and guidance with confidence (Walker et al., 2003). Furthermore, Ofsted stated that 'teachers should be given further guidance about content and methods in teaching about sexuality' (Ofsted, 2002, p.34), given that, as Ginsburg, Winn, Rudy, Crawford, Zhao, and Schwarz (2002) state, many young people who face sexual identity issues lack support.

Research conducted by Warwick, Rivers, Ruxton, Turney, and Tyrer (2002) investigated a sex and relationships education accreditation system pilot designed to give insight into teachers' abilities and how they conduct themselves. Support was given to the teachers by sex and relationships education lead officers who facilitated the learning and also the development of relationships with other agencies. Participation in the pilot enabled around 30 teachers to develop and submit a portfolio of evidence related to documenting and developing SRE in schools and the

pilot was subsequently deemed a success. This led the authors to conclude that the pilot should be rolled out on a national basis (Warwick et al., 2002).

The Ofsted (2002) guidance has been applied specifically to schools, but it may also be usefully applied more generally to professionals removed from the school environment, for example, general practitioners, social workers and youth workers. These groups have also been identified as requiring training in the delivery of sex and relationships education (Department of Health, 2001). One example of training for youth workers was reported upon by Baraitser et al. (2002), who described an informal training system that linked health and community services with the provision of an outreach nurse who worked alongside youth workers to provide support and advice to young people about sexual health. Primarily, the purpose of the nurse's role was to develop the youth workers' knowledge of local sexual health services (Baraitser et al., 2002). It was evident that those youth workers who had been in their position for a number of years, and were therefore more experienced, had more sexual health knowledge and confidence to deliver it than newer youth workers. This programme helped to increase the confidence of the youth workers and enable them to provide accurate information (Baraitser et al., 2002).

2.7 Conclusion

It is evident from the literature that the sexual health of young people and the sex and relationships education they receive are currently important issues for policy makers and health, welfare, education and youth service professionals. Attempts are being made at many levels to address the needs of young people for education, information, support and services. Monitoring and evaluation of these efforts has the potential to provide an evidence base for what works with young people and can help elucidate effective models of service provision that can provide young people with services which meet their diverse needs.

Chapter 3

Study design and methods

3.1 Introduction

This study was designed to evaluate the Sexual Health Promotion Project which was established in Cheshire. Essentially, a case study approach was adopted. Case studies are considered valuable when attempting to capture all salient aspects of an intervention (Keen & Packwood, 1995). Denscombe (1998) argues that the defining characteristic of the case study approach is that 'it focuses on just one instance of the thing that is to be investigated' (p30). In addition, case studies often employ triangulation, where all data is corroborated from at least one other source and usually by an alternative method, in order to increase the validity of the findings (Keen & Packwood, 1995). Thus, arguably, the strength of a case study approach to evaluation is that it seeks to describe in some detail the inputs, processes and even the outcomes of what is evaluated, within a particular social setting (Øvretveit, 1998).

However, a major criticism of using case studies in evaluative research is that the findings from one case cannot be generalised to a wider population. This can generally be addressed by conceding to one of the following:

- by choosing a case for detailed examination which, although inherently unique, is also an example of a broader class of things;
- by making clear at the outset that the extent of generalisability, depends upon how similar the case is to others of its type;
- by including sufficient details when reporting case studies in order for the reader to make an informed judgement about how far any findings have relevance to other instances.

(Denscombe, 1998, p.36-37).

The Sexual Health Promotion Project was evaluated against the original stated aim and objectives for the Project, and the extent to which these were met will be discussed.

Combining different kinds of data allowed a picture of the Project and its development to be generated. Although mainly qualitative approaches to data collection were used in this study, analysis of secondary data sources (surveys

conducted by the Sexual Health Promotion Project worker during her first year in post), provided some quantitative data.

In order to explore stakeholders' experiences and perceptions of the Sexual Health Promotion Project and sexual health and relationships education, semi-structured interviews were conducted with youth workers, the Project workers, and representatives from the partnership organisations, and focus groups were conducted with young people. The data collected via interviews and focus groups are not amenable to statistical analysis, rather, they offer insights into the topic under study.

3.2 Analysis of questionnaire data

During the first year of the Project, information was collected using a questionnaire with young people and youth workers (see Appendix 1). This work was completed by the Sexual Health Promotion Project worker in post at the time and was designed to assess young people's perceptions of sex and relationships education, and youth workers' knowledge and perceived skills, at the beginning of the Project. It served to provide some baseline information against which to measure the success of the work. Some socio-demographic data, such as age and sex were also collected.

Evaluation of the sexual health training course developed during the lifetime of the Project was also undertaken by the Sexual Health Promotion Project worker. In conjunction with the researcher, the project worker designed evaluation forms. Youth workers who attended the sexual health training completed these pre-training and post-training evaluation forms (Appendix 2).

All data collected were entered into a database and analysed using SPSS.

3.3 Semi-structured interviews with staff

Semi-structured interviews have a 'loose' structure consisting of open-ended questions that define the area to be explored, but will allow the interviewer or interviewee to diverge in order to follow up particular areas in more detail (Britten, 1995). Thus, although the interview topics and questions that led into exploring these areas may have been defined initially, the semi-structured format allows respondents to express ideas that are important to them and answers can be clarified and more complex issues probed than would be possible using a more structured approach (Bowling, 2002).

In the present study semi-structured interviews were conducted with members of the Project steering group, project workers and youth workers. Purposive sampling was used to select respondents. This is a deliberately non-random method often used in qualitative research, which seeks to select people who have knowledge which is of value to the research process (Bowling, 2002).

Interviews were undertaken at two points in time during the life of the Sexual Health Promotion Project. Between May and July 2003 nine interviews were conducted, and between May and July 2004 eight interviews were conducted. The Sexual Health Promotion Project workers in post at the time of the interviews were included in the sample. Steering group members were selected for interview to represent the different partnership agencies of health, education and the Youth Service involved in the Project. Youth workers were selected for interview on a pragmatic basis, and were usually the youth workers whom the researcher had contacted whilst organising the focus groups with young people. The sample was chosen to represent both youth workers who had undertaken the sexual health and relationships training provided by the Sexual Health Promotion Project worker, and youth workers who had no formal training.

Interviewees were contacted by the researcher and permission sought to conduct an interview at a time and place convenient to the interviewee. A copy of the interview schedule used can be found in Appendix 3

3.4 Focus groups with young people

Focus groups similarly employ the use of open-ended questions to explore a particular area or entity (Kitzinger, 1995). Focus groups explicitly use group interaction or dynamics as part of the data collection process and are run by a facilitator who should allow participants to work alongside her/him in guiding the topics of discussion (Bloor, Frankland, Thomas, & Robson, 2001).

Four focus groups were conducted between May and July 2003 with 35 young people aged 14-18 in Chester, Crewe, Knutsford and Winsford. Of these, one group consisted solely of female respondents, one was a Youth Congress group, another a Youth Voice group, and the final group an existing youth group. In July 2004 a further focus group was conducted with five young people previously consulted in Crewe, and an interview was conducted with two young people in Ellesmere Port.

The researcher visited each group a week prior to the focus group to inform the young people of their potential role in the research and provide written information for the young people. This was to give young people the option not to attend the session when the focus group was scheduled. During the focus groups a youth worker remained present in the youth centre in another room, and young people were free to leave the group at any point. A copy of the focus group schedule can be found in Appendix 4.

3.5 Analysis of qualitative data

With the permission of the respondents, interviews and focus groups were audio-taped. Following the interviews and focus groups, audiotapes were transcribed verbatim and a thematic analysis was carried out with data being coded by theme.

3.6 Research ethics

Before conducting this study ethical approval was obtained from the Centre for Public Health Research Departmental Research Ethics Committee. All respondents were provided with written information about the study prior to the interview or focus group (Appendix 5) and asked to sign a consent form (Appendix 6). Participation in the study was by voluntary informed consent, obtained by the researcher prior to the interview or focus group, following an opportunity to ask questions. Participants under the age of 16 were provided with a consent form prior to the focus group so that parental consent could also be obtained. A signed copy of the consent form (Appendix 6) was given to the participant to keep, and a copy was retained by the researcher.

Chapter 4

Findings

Professionals' perspectives

4.1 Introduction

In this chapter, the views of professionals are presented. Firstly, the findings from the evaluation of the course content by youth workers who attended the sexual health training course are presented. This is followed by the findings from the interviews conducted with professionals involved in the Sexual Health Promotion Project during the mid-point (May-July 2003) and the end-point (May-July 2004) of the evaluation period.

4.2 Sexual health and personal relationships education training for youth workers

All of the youth workers who attended the training course run by the project worker were asked to complete a pre-training and post-training evaluation form. In total, out of the 17 workers who started the training on the two occasions that it ran, 13 individuals completed a pre-course evaluation and 9 people completed a post-course evaluation.

Using a Likert type scale, youth workers were asked how much they agreed or disagreed with a series of statements about their sexual health and relationships skills and knowledge. It is evident that some youth workers felt they had gaps in their knowledge and/or skills. The results from the pre-training evaluations are displayed in the figures below. The first statements relate to strategy and policy guidelines. These were followed by a series of statements about general and specific aspects of youth workers' knowledge. Finally, there was a general statement about homophobia.

Only a small number of youth workers completed the pre- and post-evaluation questionnaires. However, the general pattern that can be discerned from the data for this small group of respondents is that a larger proportion of respondents indicated that they strongly agreed/agreed with statements that related to their own knowledge and skills in the delivery of SRE compared to those that related to the policy and legal framework within which this individual work should take place before they undertook the training.

Figure 4.2.1 I fully understand the application of Cheshire County Council's Sexual Health Policy and Strategy, and the Youth Service's Sexual Health Guidance for Youth Workers, to my work with young people

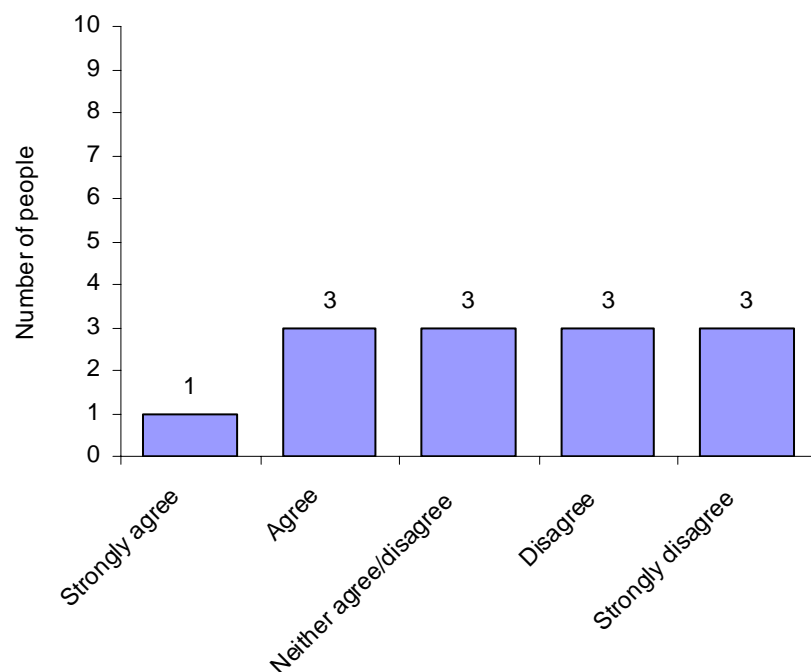


Figure 4.2.2 I fully understand the law in relation to sexual activity, Section 28, the Fraser guidelines, and current local and national initiatives

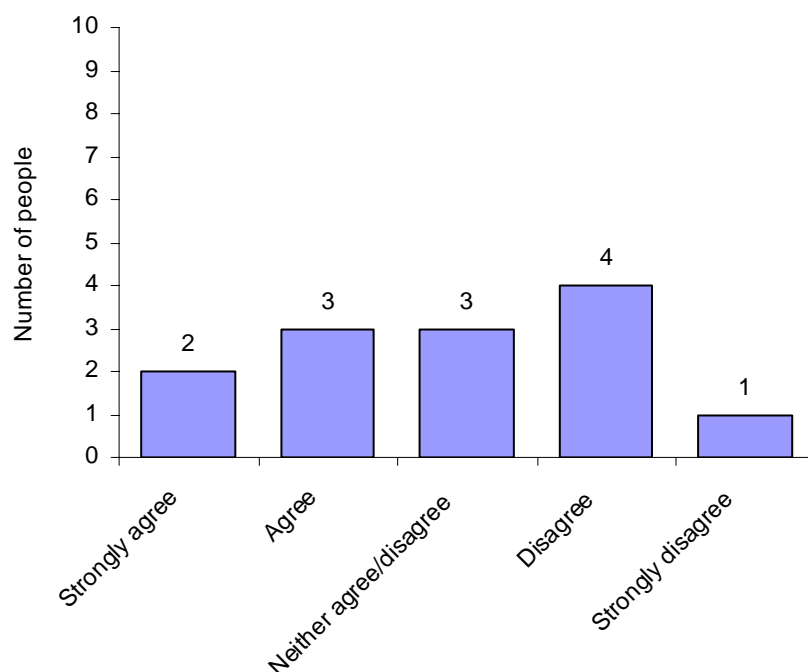


Figure 4.2.3 I feel able to apply my generic youth work skills to deliver SHPRE

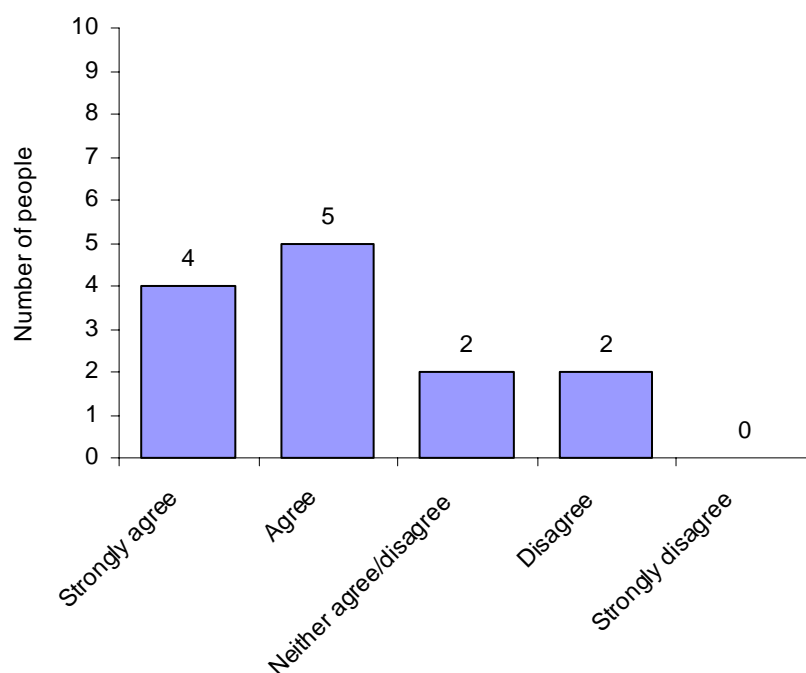


Figure 4.2.4 I have good knowledge of support and information services on sexual health that are available to young people

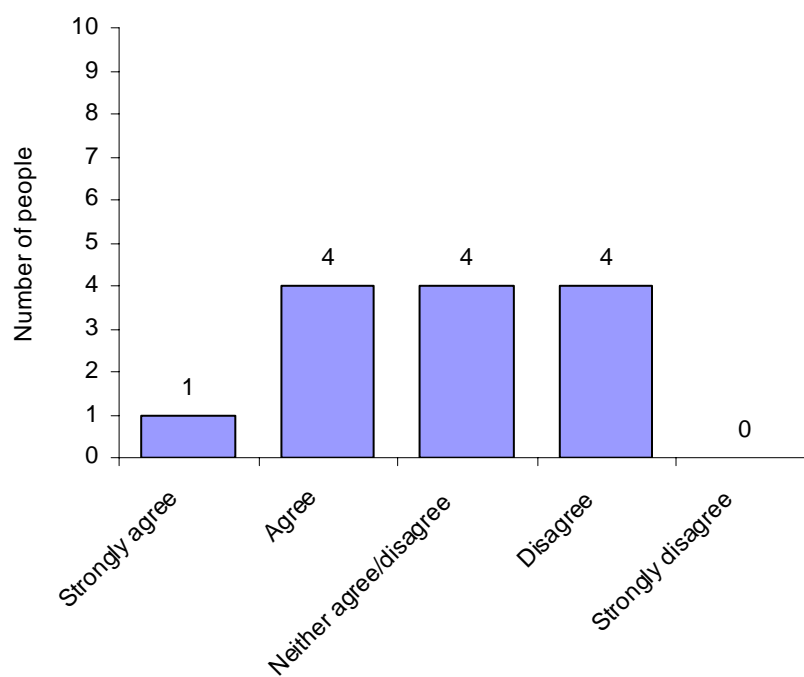


Figure 4.2.5 I have good knowledge of sexual health resources that can be used in work with young people

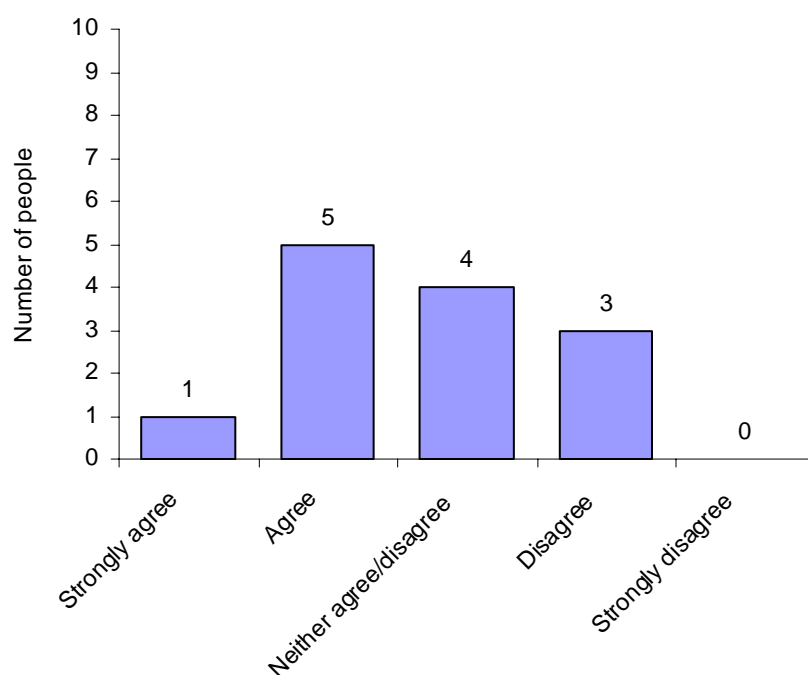


Figure 4.2.6 I have a good knowledge base on contraception

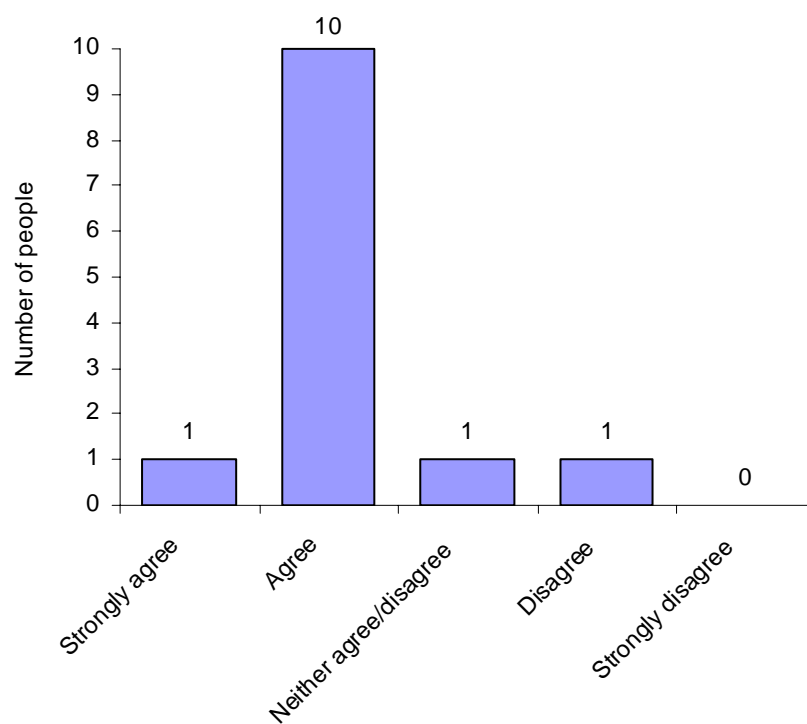


Figure 4.2.7 I have a good knowledge base on safer sex

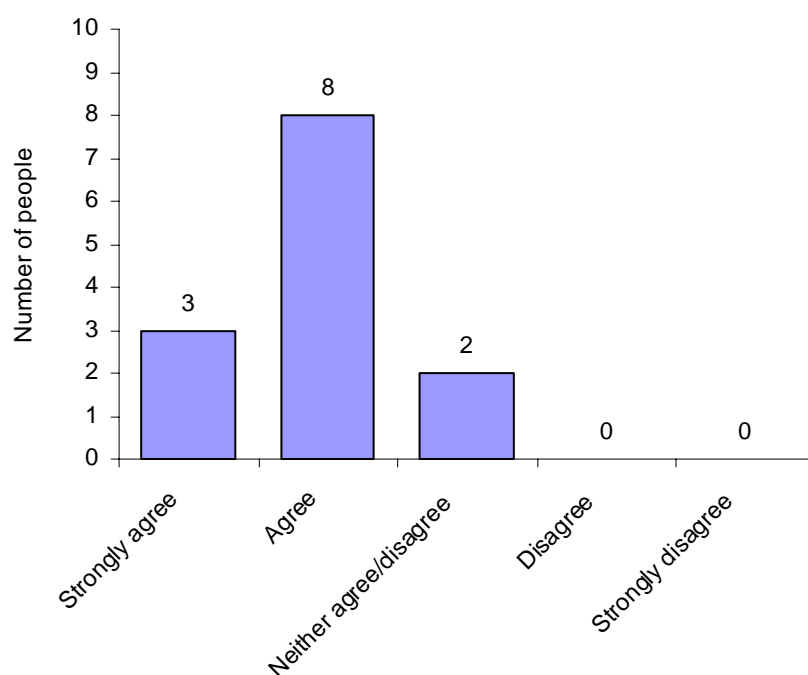
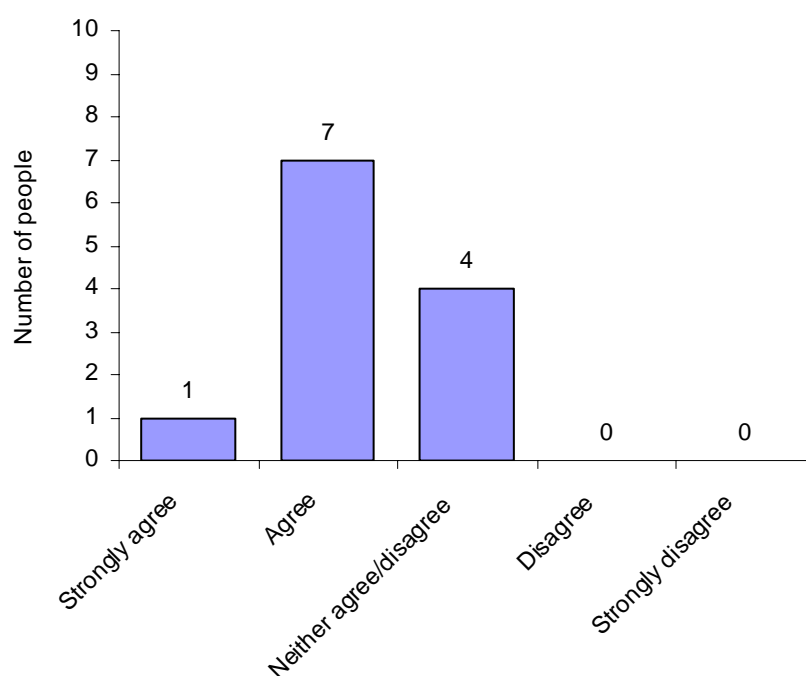


Figure 4.2.8 I have a good knowledge base on STIs



(Only 12 people responded to this question.)

Figure 4.2.9 I have a good knowledge base on HIV

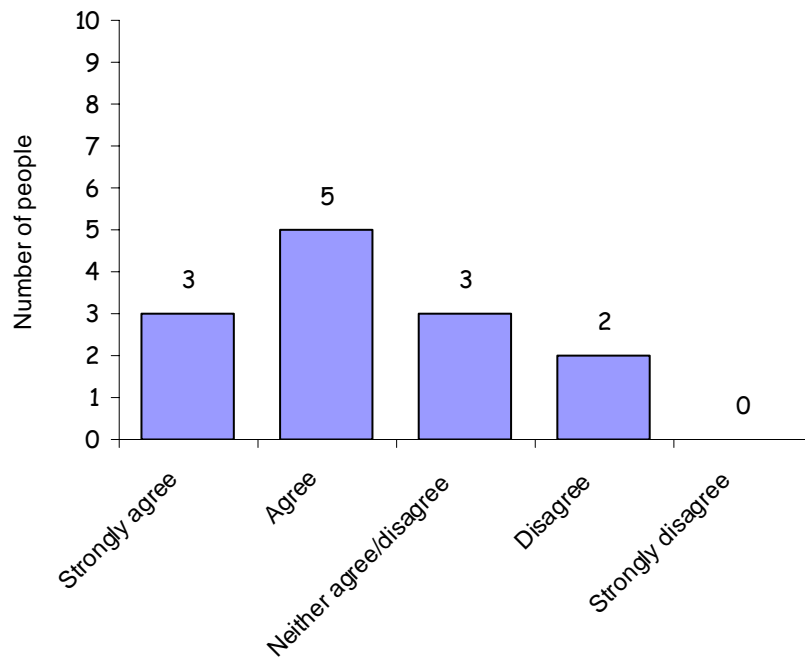


Figure 4.2.10 I have a good knowledge base on sexuality

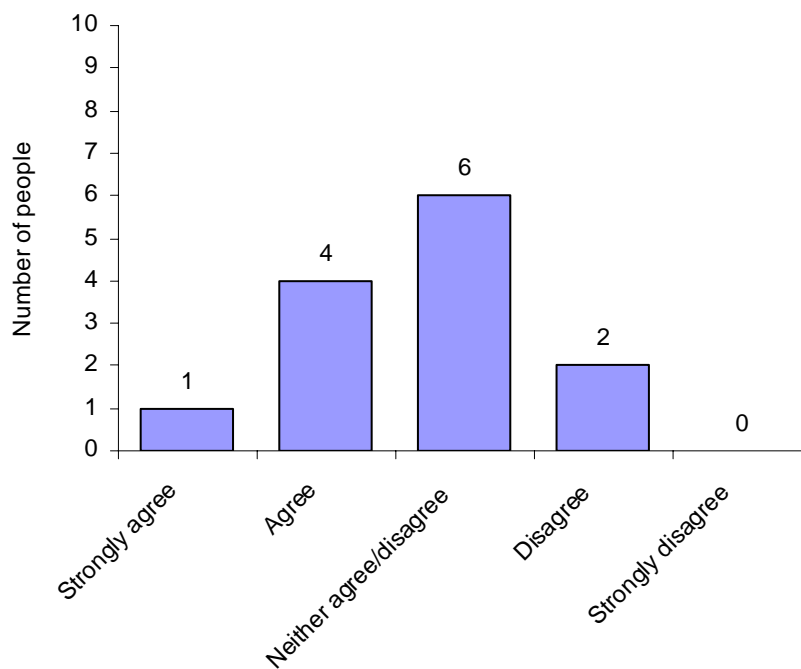
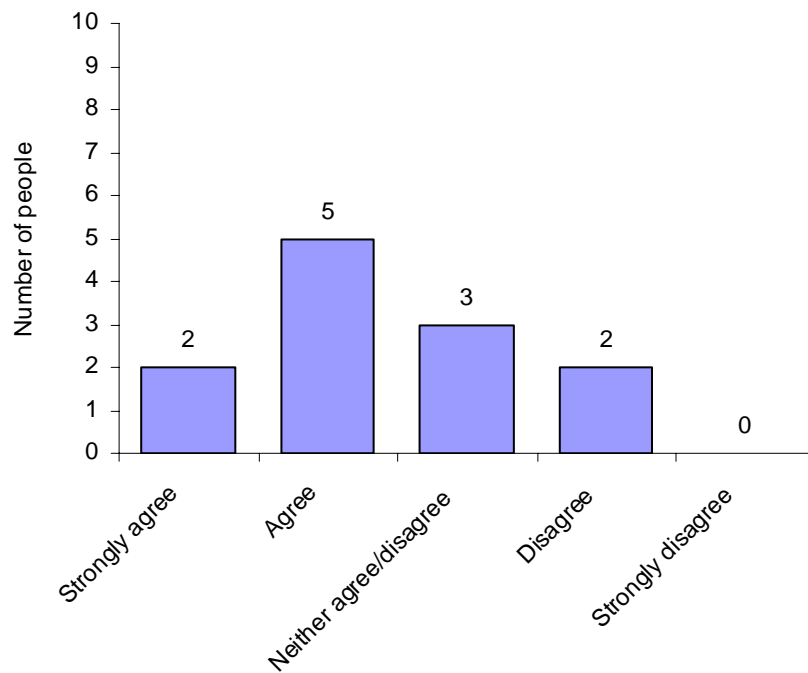
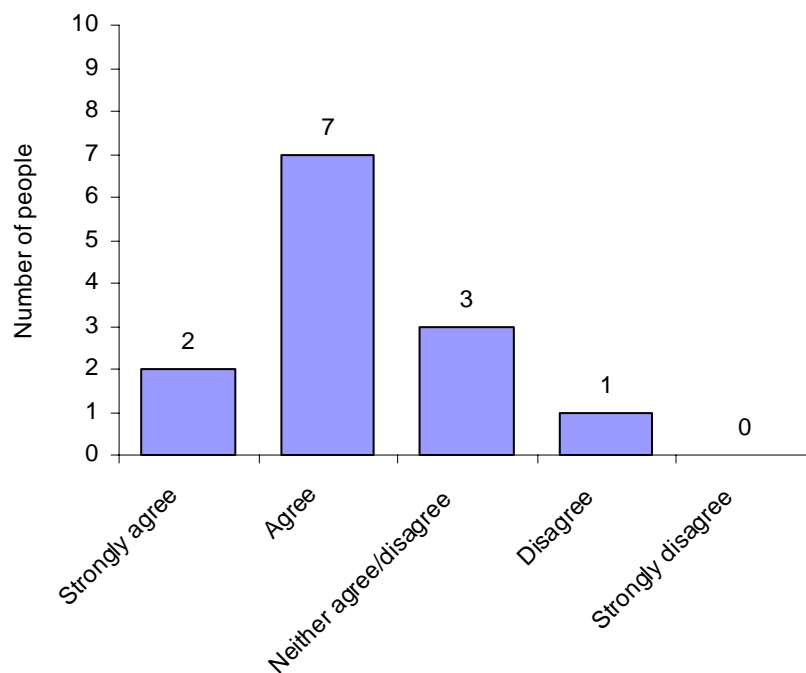


Figure 4.2.11 I have a good knowledge base on relationships



(Only 12 people responded to this question.)

Figure 4.2.12 I am comfortable in dealing with homophobia



In comparison to the figures shown above, of the 9 youth workers who completed a post-course evaluation form, 8 individuals either strongly agreed or agreed with all of the positive statements about their knowledge and skills in the area of sexual health and personal relationships education. The remaining youth worker strongly agreed or agreed with all but two statements, with which she/he neither agreed or disagreed.

At the end of the post-evaluation form youth workers had an opportunity to make written responses to three questions. These are reproduced verbatim in Appendix 7. Generally these comments reveal a mixed set of comments that relate to individuals' perceived strengths and weaknesses in this area. Of note are the comments on the helpfulness of being introduced to practical resources that can support delivery of SRE. There is also some indication that some of the youth workers perceived that the training should include material on child protection and abusive relationships.

In addition to the training course, the project workers conducted briefings on the county's sexual health policy and challenging homophobia to new youth workers during their induction sessions. A total of 150 youth workers were briefed in sexual health policy and 93 youth workers were briefed in challenging homophobia. These numbers constituted approximately 83% and 55% respectively of the county's youth work team.

4.3 Interview findings

Interviews with individuals involved with the Sexual Health Promotion Project were undertaken at two points in time: May to July 2003; and May to July 2004. In this section, analysis of all the interview material is presented. Where appropriate, similarities and differences between the two sets of interviews are highlighted, indicating any change over time. The sample of interviewees consisted of members of the Sexual Health Promotion Project steering group, the project workers, and youth workers. The interviews carried out in 2003 are referred to as the 'mid-point' interviews. Those undertaken in 2004 are termed the 'end-point' interviews. The breakdown of individuals interviewed in both 2003 and 2004 is displayed in Table 4.3.1.

Table 4.3.1 Breakdown of individuals interviewed in 2003 and 2004

Interviewees	Number of interviews conducted 2003	Number of interviews conducted 2004
Sexual Health Promotion Project Steering Group member	4	4
Sexual Health Promotion Project workers	1	2
Youth workers	4	2
Total number of interviews	9	8

The major themes to emerge from the interview material are presented in two main sections: the role of the Youth Service in sex and relationships education and supporting LGB young people; and perceptions of the Sexual Health Promotion Project. Quotations from respondents have been used to illustrate the themes that emerged. In order to protect respondent anonymity, these are identified by a transcript number and year, although in some cases, to set the quotation in context, the position of the interviewee is disclosed.

4.4 The role of the Youth Service

The role of the Youth Service was described by respondents in relation to two specific aspects of the Sexual Health Promotion Project, namely, sex and relationships education and service delivery, and, supporting LGB young people.

4.4.1 Sex and relationships education and service delivery

For many of the respondents interviewed the Youth Service was perceived to have a key role in the delivery of sex and relationships education for young people. At a strategic level, some respondents interviewed during the first round of interviews in 2003 said that the Youth Service should take the lead role in partnership working to develop and deliver a county-wide sexual health strategy for young people, as this respondent explained:

'I think one of the things I'd like to see happen is that the whole sexual health agenda [in Cheshire] be led from the Youth Service part of our world and perhaps there being a more combined partnership approach as to how we deliver sexual health education and relationship stuff, all of that sort of thing, rather than it being focused on the Youth Service doing what it's doing now [the Sexual Health Promotion Project] as a steering group which has partners and the bottom line, on the ground we could actually be doing a lot, an awful lot of work together.'
(Interview 2, 2003).

More generally, the role of the Youth Service was seen in terms of educating young people. The way in which the Youth Service approached this was perceived by respondents to make it different from more formal, statutory education received in schools. Thus, at a micro level, respondents interviewed at the mid-point and end-point, thought that youth workers in particular, by virtue of the type of relationships they develop with young people, were ideally placed to deliver sexual health information. For many, this delivery of information, which was perceived as needs-based, non-judgemental and delivered in informal settings, was seen as *'filling the gaps'* left by statutory and/or parental education. It also served to *'quash any myths'* that young people may have picked up from the media or their peers, enabling young people to make informed decisions about sex and sexual health.

However, despite being well placed to deliver sexual health and relationships education, it was also articulated that youth workers were not always best equipped for this task. Thus, respondents expressed the view that sex and relationships education should be delivered by specially trained workers in order to provide the best education possible. The following respondent articulated this view, using the topic of drugs as an example:

'Therefore a certain level of expertise is required. So just as we wouldn't expect youth workers to work with young people on issues of drugs, to be working with young people in one-to-one or groupwork settings without any child protection training or information, I feel exactly the same way about sexual health.'
(Interview 5, 2003).

In addition, respondents interviewed at the end-point of the evaluation felt that specialist sexual health workers were needed in each locality in order to prioritise sexual health work within the Youth Service, and act as a point of reference for other youth workers. The topic of sexual health was a matter that respondents considered required regular updating in terms of information, policy and legislation, and it was perceived that there was sufficient work to dedicate a post to this in each locality.

In relation to service delivery and sexual health, the issue of distributing condoms to young people was contentious amongst respondents. Whilst this had been discussed by some respondents during the mid-point interviews, mainly in relation to perceived variations in protocol throughout the county, all of the respondents interviewed at the end-point raised the subject of condom distribution within the Youth Service. This was in the light of a pilot distribution project that was being conducted by the Sexual Health Promotion Project workers on behalf of the Youth Service, and respondents

expressed strong feelings on this topic. Just as youth workers were perceived to be best placed to deliver sex and relationships education, it was also thought that they were well placed to hand out condoms to young people. It was perceived by respondents that many youth workers were sufficiently responsible to do this, using their own judgement, whilst adhering to the relevant guidelines. This youth worker explained the matter in the following way:

'We may have a bit of a debate about it but at the end of the day we are a youth service, we are there for young people, based on the young people's needs and that (condom distribution and advice) is what as youth workers we should be doing and I think that we are responsible.' (Interview 16, 2004).

The first project worker in post had worked on producing a set of practice guidelines for youth workers conducting sexual health work with young people. These guidelines included specific instructions about condom distribution. Despite this, and the policy briefings conducted for staff by the Project workers, the Youth Service policy regarding condom distribution was thought to be confusing for many youth workers. Condom distribution was perceived, even by respondents outside of the Youth Service, to differ greatly depending on locality and individual youth worker training and experience. Many staff needed constant reassurance regarding their position in handing out condoms to young people, as this project worker explained:

'Well the big one is whether they could hand out condoms. We're constantly asked that. Even though sometimes we've done a policy briefing, they might still say 'is it okay if we hand out condoms?'. So that needs to be gone over and over again, what their role is.' (Interview 12, 2004).

4.4.2 Supporting lesbian, gay and bisexual young people

The theme of supporting LGB young people emerged from some respondents' accounts during the mid-point of the evaluation. In addition, all of the respondents interviewed during the end-point alluded to the notion that the Youth Service had a particular role and responsibility in supporting vulnerable young people, including LGB young people.

Some respondents interviewed during the mid-point said that the Youth Service had a responsibility to ensure that sexual orientation was addressed within its provision of sex and relationships education as it was often, for varying reasons, omitted from the education curriculum. The following youth worker articulated this view:

'I think in terms of LGB services, the Youth Service has a massive role because the school sex education for gay and lesbian people is diabolical, well non-existent. So the Youth Service has a huge role to

play. Whether it fulfils that role I'm not entirely sure but it's got to be a role to fill because the schools are so bad.'
(Interview 7, 2003).

However, respondents also expressed the view that it was difficult to challenge homophobic attitudes, which were perceived to be entrenched within organisations, including the Youth Service, in order to fully support LGB young people. The following respondent alludes to this when discussing an LGB young people's group that had previously been operating in the Macclesfield district of the county:

'GLYAM was hush-hush for years. Yes, it was the only thing that didn't have the county badge on it ... It was very problematic. You know you're sort of encouraging young people to be proud of themselves but 'don't tell anybody'.' (Interview 1, 2003).

During the mid-point interviews, many of the respondents talked about Section 28 and how this often reinforced the lack of sexual diversity teaching within organisations, particularly within education. However, by the time the end point interviews were conducted, Section 28 had been successfully repealed and little mention was made of it by respondents.

In relation to the LGB young people's groups provided by the Youth Service, it was generally perceived by respondents that there had been a fall in the numbers of young people attending in recent years. Moreover, there were mixed perceptions amongst respondents regarding these groups. Some said that the groups were an invaluable source of support for LGB young people, whereas others expressed the view that they may not be appropriate for this age group due to the level of confidence required for a young person to attend.

Provision of LGB groups was felt to be better in areas of the county where there were more Youth Service staff or dedicated LGB workers. Respondents with a responsibility for this work articulated the view that it was difficult to manage this area of their work along with their other responsibilities, particularly where the service was short staffed. The idea of a dedicated support worker, to work specifically with LGB young people on a one-to-one and group basis was tentatively suggested by one respondent during the mid-point interviews in 2003:

'It would be great to get hold of a support worker who could work in that role, because some of them are not ready for the groups at that age to go and it's a massive thing So you know maybe it's just about a face-to-face worker.' (Interview 9, 2003).

However, during the end-point evaluation workers articulated the need for an LGB development worker within the Youth Service, not necessarily to work on a face-to-face basis with young people, but to co-ordinate and manage the LGB work being conducted within the county. It was perceived that this post might hold a strategic overview of LGB service provision, and key responsibilities would include networking with external agencies in order to facilitate this aspect of youth service work. The following respondent outlined their ideas for this post:

'I think you need a worker somebody who has got a youth work background who can relate to young people but who also can link into other agencies so I think it has got to be somebody who is willing to knock on doors and not get any answers to begin with and keep on knocking.' (Interview 15, 2004).

4.5 The Sexual Health Promotion Project

This section explores the main themes that emerged when respondents spoke about the Sexual Health Promotion Project. These included: the focus of the Project; the management of the Project; organisational constraints within the Youth Service; partnership working; sexual health training; and, the achievements of the Project. These themes incorporate perceived constraints on the Project's progress, both at mid-point and end-point, and the perceived achievements of the Sexual Health Promotion Project during its final stages.

4.5.1 The focus of the Project

This theme examines the focus of the Project in three different ways: as a whole, for the project workers, and in terms of the geographical focus of the Project.

During the mid-point of the evaluation many respondents talked about how the original focus of the Project had shifted. Respondents who had been involved in the Project from the beginning perceived the original focus to have been on training and supporting youth workers in relation to the sexual health needs of young gay men. These respondents thought that the original funding for the project had been received from the HIV/AIDS Standing Task Group, hence this focus. There was also the perception amongst some that the need to provide support and training to youth workers involved in LGB provision had dissipated with the decline in numbers of LGB young people attending LGB groups in the county. Almost all respondents expressed the view that the focus of the Project had moved away from this specific focus in order to address a wider and more generic sexual health agenda. One respondent said:

'And so that was really what it was about in providing training and support to youth workers and the staff running the gay and lesbian groups. It wasn't sort of broader sexual health. Initially it was more supposed to be focused around particularly gay young men, but gay and lesbian and bisexuals too. And all the stuff about supporting young people to sort of, you know, come out, giving youth workers some confidence in dealing with those sort of issues. That's my understanding.' (Interview 6, 2003).

Although there was the perception amongst respondents that the Project, at a strategic level, had lost its focus part way through, respondents involved directly in the work of the Project articulated the view that a clearer focus had emerged by the end-point of the evaluation. The change of management within the Youth Service, along with an additional worker for the Project, were thought to have been responsible for this refocusing. Thus, by the end of the project, respondents perceived the main focus to be both homophobia and LGB provision within the Youth Service, in terms of both training (for youth workers) and development work. Many respondents expressed the view that the project had, at times, appeared multi-faceted, entailing a *'broad agenda'* of work, and the focus or original purpose had sometimes been difficult to ascertain. The following respondent expressed this view:

'It seemed to me, to be perfectly honest, it seemed to me that it was, that it was a multi-faceted thing. There was a lot of stuff going on there. Sometimes I thought perhaps a little bit too much.' (Interview 13, 2004).

The broad agenda of work undertaken by the project workers was also perceived to have caused confusion for those not directly involved in the work of the Project, such as youth workers, youth service managers, and some members of the steering group. The title of the Project and the workers were identified as being misleading, and many respondents alluded to the idea that the role of the Sexual Health Promotion Project workers had been *'difficult'* to execute as a result.

Finally, the county-wide nature of the Project was thought to be too wide, a matter that was seen as having implications for the impact of the work. The following respondent expressed this view:

'In an area as big as Cheshire that could be a post, that could be a post and that could be a post so it is what you deem important I think or needed in that area they could deem what is important in one area and not so important in another area but because the remit (Sexual Health Promotion Worker) is so big it is hard to focus into what each locality really does need.' (Interview 15, 2004).

4.5.2 Management of the Project

The management of the Sexual Health Promotion Project was a matter that was discussed by the majority of respondents. Respondents articulated that view that whilst there had been a strong level of commitment from those involved in the Project, there was a lack of ownership from the Youth Service, despite them having received the funding from the health authority to deliver the Project. This was described by one respondent as resulting in a '*comedy of errors*' in relation to the management of the Project. This issue is linked to the focus of the Project, as many respondents attributed the lack of focus to the perceived lack of support and guidance for the Project from the Youth Service management team.

Respondents strongly articulated the view that those involved in the Project were wholly committed to the work. However, respondents expressed the view that the Youth Service as an organisation had shown limited commitment to the work of the Sexual Health Promotion Project since its inception. The following respondent, interviewed during the mid-point of the evaluation, articulated this view:

'I think what we struggle with here perhaps is that while there are very committed workers and there are committed members of the steering group, I'm not sure that the Youth Service has actually embraced the agenda all the way through, and therefore communicated it from you know face-to-face workers and contact workers to management.' (Interview 5, 2003).

During the end-point interviews, respondents articulated these same perceptions regarding the management of the Project. Two reasons for the lack of management support were given, namely, changes in personnel and the lack of proactive communication and decision making about the Project in Youth Service senior management, described by one respondent as '*treading water*'. In addition, the Project was felt to have been '*badged*' under sexual health rather than LGB work due to the fear of high profile opposition to '*this sort of project*' within the county. One respondent spoke about this issue in the following way:

'I think there have been some, I'm not going to name them, but I do know elected members right across the county who would have been against it, and very verbal, high profile, in their opposition to this sort of project. But I do, my sense is, they've become much more of a minority, and I think in a way, there might have been a fear from the Youth Service of this knee jerk reaction.' (Interview 10, 2004).

Some respondents interviewed during the end-point of the evaluation alluded to the notion that the original funders of the Project, that is, the health service, could also have taken more management responsibility through the co-management of the

project workers. Respondents also talked about the role of the steering group and how that had been, at times, ambiguous. Some felt that the steering group should have been given a clearer management responsibility for the Project, thus enabling it to set outcomes and targets. For some respondents, such as the one below, it was perceived that better management from the outset might have resulted in different outcomes for the project:

'I think if there had been better management in the beginning and much more clarity about the roles, and given higher prominence in the Youth Service I think it could have achieved a lot more.'
(Interview 12, 2004).

Finally, during the mid-point interviews the issue of sustainability was raised by some respondents. These individuals expressed the view that unless the sexual health work was mainstreamed into youth service provision, the work of the Project was unlikely to be sustained in the long run as it was likely to slide from the Youth Service agenda. The role of individuals, or '*champions*' was identified as important in driving forward particular agendas. It was perceived that without the Youth Service management team embracing this work it would be unlikely to continue once the worker responsible for it had left. The following respondent articulated this view using the training aspect of the work as an example:

'I think there's a lack of awareness perhaps at a managerial level about the need to integrate this work in order to mainstream it, and therefore, for example is this (training) a core element of the induction for youth workers? No it isn't. Well, until it is, it will not be seen as a core element of youth work.' (Interview 5, 2003).

4.5.3 Organisational constraints within the Youth Service

This theme emerged during the mid-point of the evaluation. Certain constraints were perceived by respondents as impeding the progress of the Project. Respondents identified the biggest constraint as the lack of capacity within the Youth Service stemming from a shortage of operational staff '*on the ground*'. The Youth Service, it was articulated, had lost approximately a third of its staff to Connexions and this was perceived as having a real impact on the work of the Project. Having to adapt the work to this situation was seen as not acceptable and respondents stated that sexual health work should be given more priority by staff and incorporated into more programmes of work. The following respondent articulated this view in relation to the sexual health policy briefings conducted by the project workers:

'Even though it (sexual health) is known to be a big issue within the Youth Service, because of time constraints and staff constraints it's pushed off the bottom very often. So that's what I think needs to be improved to start off with, because the more workers at a group and

updated the better the work is then going to be with young people.'
(Interview 3, 2003).

Another constraint identified by respondents at the mid-point was the changes in working practices that had affected the Youth Service with the introduction of 'specialist' staff such as the Sexual Health Promotion workers. Respondents expressed the view that some youth workers needed to break away from their '*traditional*' ways of working and learn to draw upon specialist resources instead of attempting to cover every topic by themselves within a particular session or programme of work.

4.5.4 Partnership working

The theme of partnership working emerged during the end-point interviews. Respondents were asked how far they felt the Project had unfolded as a partnership, and whilst some felt it had, the majority talked about this aspect of the Project being 'difficult'.

Respondents perceived that to some extent the agenda set initially by the health service had been delivered in partnership through the Youth Service. However, respondents talked of a need to delineate roles and responsibilities clearly in partnership working, and that this had not always happened within the Sexual Health Promotion Project. The following respondent articulated this view:

'In terms of the partnership stuff yes, there's room for more improvement. There's room for clearer purposes and clearer expectation.' (Interview 10, 2004).

One respondent articulated the view that some of the difficulties involved in partnership working had been logistical, in terms of bringing the right people together at the right time:

'The problem is you see, when you involve lots of different organisations, which is the ultimate aim to get everybody involved. You've got possible time constraints, difficulties, different people being able to attend and for it to be sustainable as well.' (Interview, 13, 2004).

Finally, some respondents articulated the view that throughout the Sexual Health Promotion Project there had been a number of other initiatives going on within the partner organisations of health and education, as well as within the Youth Service, which were similar to the work of the project. For example, the LGB youth workers in Ellesmere Port had been going into schools in the locality to deliver sessions to

pupils, although this was perceived to have unfolded in isolation, instead of being linked to the work of the Project.

4.5.5 Sexual health training

The sexual health training course was perceived by respondents to be a fundamental aspect of the Project and this was articulated during both the mid- and end-point of the evaluation. Training and updating on sexual health matters were considered vital for youth workers, as it was perceived that the field was changing constantly.

The sexual health training course that was designed and delivered by the Project workers was perceived by some respondents during the mid-point of the evaluation to be one of the sustainable features of the Project, but only if there was someone in post to deliver it, about which respondents had doubts. In addition, during this point of the evaluation some respondents raised the issue of why the course had not been incorporated as a core component of youth service training. Thus, respondents thought that it might be difficult for the Youth Service to retain the course following the conclusion of the Project. This point was articulated in the following way:

'For example the work they've done around developing the training course is a very good piece of work, it's a high quality piece of work and it's a training course that was accredited. That's no mean achievement. Integrating it into the Youth Service on the other hand' (Interview 5, 2003).

Sustainability of the course was also an issue to emerge during the end-point of the evaluation. Respondents expressed the view that sustainability was doubtful as, in addition to the lack of a facilitator, the accreditation for the course was due to expire in 2005, with the result that the course could not be run again in its current form. Moreover, the course had not been well attended on either of the occasions it had run, a matter which respondents partly attributed to constraints such as staff shortages. It was perceived by respondents that the capacity developed within the Youth Service as a result of youth workers attending and completing the sexual health training had been limited. However, the extent to which youth workers could draw on this expertise would differ across the three localities. The following respondent contemplated the implications for the sustainability of the training if youth workers who had been trained in sexual health were to leave the service taking their acquired knowledge and skills with them:

'But what's going to happen to the youth workers who have been trained if they leave, I don't know how, I'm not sure what the sustainability of it all is.' (Interview 13, 2004).

One of the outcomes of running the course was that it highlighted problems with the format and extent of the training for some youth workers. This was indicated during the mid-point evaluation from initial feedback on the first course, but expressed more strongly during the end-point interviews. Project workers and youth workers identified constraints that had caused some youth workers to drop out part way through. These included the 'academic' nature of the course and the level of commitment required in terms of the time necessary to attend, particularly for part-time workers. Youth workers who had attended perceived the content of the course to be good, but the relevance of the 'theory' was questioned. These respondents stated that an emphasis on the practical ways of working with young people around sexual health issues and the resources that could be used to achieve this would have been more appropriate, as well as a more flexible approach to completing the training, such as that used in National Vocational Qualifications (NVQs). The following respondent articulated her experience of the sexual health training course:

'I am not an academic person, and I was thrown out of the water basically because I wouldn't have been able to do that, and it was a lot to do on top of part-time as well. To do an A' level on top of part-time work that, you know, they say take your time with the theory and do it in your set hours, but that takes away my hours to go out and work with young people.' (Interview 16, 2004).

One respondent expressed the view that the sexual health training course might have been more appropriate if youth workers had been consulted on the format prior to accreditation. Finally, another respondent speculated that the training content may have been compromised as a result of the shifting focus of the Project. This may have led to the training being more focused on sexual health than on working with LGB young people.

4.5.6 Achievements of the Project

This theme was one which was expressed by respondents during the end-point of the evaluation and describes respondents' views on the achievements of the Project.

There was a perception amongst staff involved directly in the Project that one of the main achievements had been that youth workers felt more confident talking about sexual health and lesbian, gay and bisexual issues. This was attributed directly to the sexual health and homophobia briefings delivered to youth workers by the Project workers. A clearer picture in relation to national policy and relevant legislation was thought to be emerging as a result of this work, not only for youth workers but for youth service management. More dialogue was also perceived to be happening at

'all levels of the service' the result of which was a higher profile for the Sexual Health Promotion Project on the Youth Service agenda. However, respondents remained unclear as to whether this was having any effect on the experience of young people. The following respondent highlighted this point:

'The message is getting across, but I don't know what young people's experience is, whether it's improved.' (Interview 12, 2004).

Achievements of the Project were perceived to have taken longer than expected, and respondents thought that more was being achieved as the Project drew to a close. An example of this articulated by respondents was the condom distribution service which was only given the go ahead to run during the latter stages of the Project. The time taken to achieve outcomes was described as '*frustrating*' by some respondents:

'I am beginning to see that the Project is having an effect on people, and it's just, it's a bit frustrating, because there's only 4 months left, and it would be nice if this was 18 months ago..... It's not too late, it's never too late obviously, but it would have been nice if it could have been, you know a year ago.' (Interview 12, 2004).

It was perceived by respondents that despite the Sexual Health Promotion Project drawing to a close there was still considerable work to be done. Thus, several future directions for the work were suggested. Respondents expressed the view that due to the diversity of the work, the current role, if it were to continue, should be divided into two distinct but complementary roles that would allow sexual health and sexuality to be addressed separately. There were strongly expressed views that the agenda around sexuality would only be taken forward by '*champions*', and not just those in the Youth Service but also in other agencies involved with young people, in order to '*support each other in trying to do some change in development*'. Respondents accepted that sexual health was a changing arena, both in terms of policy and practice. Thus, there was a need to keep up-to-date, which, under the pressure of competing priorities, might be difficult, as the following respondent expressed:

'So yes, I think it will, it will continue and be sustainable to a certain extent, but there are, there is stuff around sexual health which does change from time to time, and I'm wondering how people will keep themselves updated when there is so much, there are other issues to deal with.' (Interview 13, 2004).

Finally, the following respondent summarised the achievements of the Sexual Health Promotion Project:

'I think the Sexual Health Project, it's a bit like a school report in some respects. The school report that I would give the sexual health programme is – 'doing well but could do better'. And that's not (Sexual Health Promotion Project Worker's) fault, it's about, my

perception is that the group is confused about what the programme is about anyway.' (Interview 10, 2004).

Chapter 5

Findings

Young people's perspectives

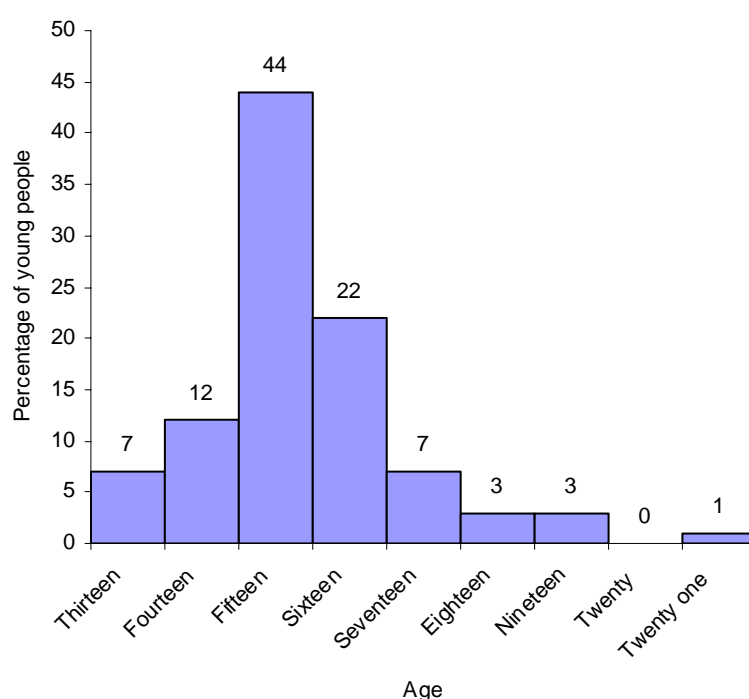
5.1 Introduction

In this chapter the findings from all of the work conducted with young people are presented. Firstly, information from the questionnaire completed by young people in the first year of the Project is presented. Secondly, findings from the focus groups conducted with young people during the mid-point and end-point of the evaluation are described and explored.

5.2 Needs assessment with young people

The results from the needs assessment conducted with young people by the Project worker at the commencement of the Sexual Health Promotion Project are presented below. In total, 102 young people answered the questionnaire. Forty six young people (46%) were male and 55 (55%) were female. (One young person did not indicate whether they were male or female.) The age of those who answered the questionnaire ranged from 13 to 21, with two thirds (66%) being 15 or 16 years old. The distribution of ages of the respondents is show in Figure 5.2.1.

Figure 5.2.1 Age of the young people



The young people were asked who they had received information about sex and sexual health from and who they would most like to get sexual health information from. The results are displayed in Figures 5.2.2 and 5.2.3. More than half of the young people said that they received information from teachers and their mothers. There were a variety of responses in the 'someone else' category, with 12% of young people indicating that they got information from friends, 4% from the school nurse and 4% from a partner. However, when asked who they would most like to get this information from, only 6% of the young people indicated that they would most like to receive information about sexual health from their teachers. The highest proportion of responses was received for 'friends' and 'other'. In the 'other' category, eight young people (8%) specifically mentioned that it would need to be someone they trusted and liked.

Figure 5.2.2 Who has given you information about sex and sexual health?

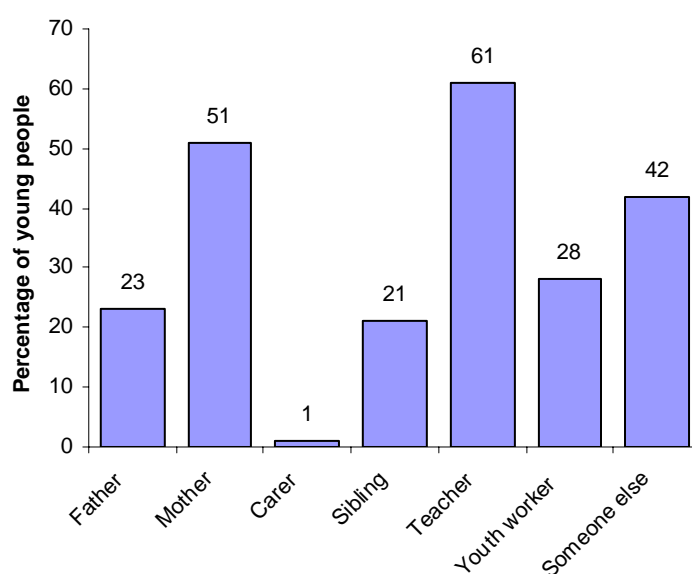
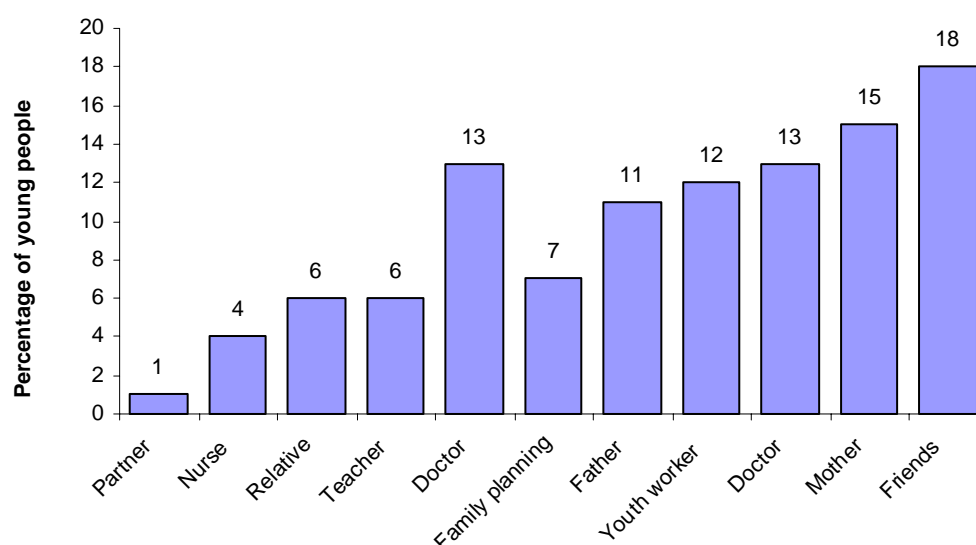


Figure 5.2.3 Who would you most like to get sexual health information from?



Young people were asked whether they would talk to a youth worker about sex and relationships. Their responses are displayed in the Table 5.2.1.

Table 5.2.1 Would you talk to a youth worker about sex and relationships?

Response	% of young people
Yes, I trust them	63
Yes, they would not tell other people	61
Yes, they would take me seriously	62
Yes, I think they understand the issues that affect me	51
Yes, I think they have the information I need	51
No, I don't trust them	4
No, I'd feel uncomfortable	9
No, I don't think they understand the issues that affect me	4
No, I don't think they have the information I need	6

More than half of the young people indicated that they would talk to a youth worker about sex and relationships. Of those who said no, the most frequently stated reason was that the young person would feel uncomfortable.

If young people felt that they could not talk to a youth worker about sexual health matters, they were asked to say how this situation could be improved. The responses are displayed in the Table 5.2.2. Although only a small number of young people responded to this question (20 in total), the importance of the relationship between the young person and the youth worker is suggested. Four young people indicated that being able to talk in private was important, a matter that may not always seem to be possible to young people in youth service settings.

Table 5.2.2 If you cannot talk to a youth worker about sexual health matters, how do you think the situation could be improved?

Improvement	Number of young people
Confidentiality	2
Talk in privacy	4
More trustworthy	1
Sex of youth worker	2
Group discussions	1
Increase frequency of visits from youth worker	1
Improve relationship	8
Appointment system	1

Finally, young people were asked whether they knew where their local sexual health clinic was and whether they would use it. Three quarters of young people indicated that they did know where their local sexual health clinic was, with 25% indicating that they did not. In terms of young people's use of their local sexual health clinic, 69% said they would use it. However, 31% of young people responded that they would not use a local facility; the reasons for this were explored in more detail in the focus groups.

5.3 Focus group findings

Focus groups with young people were undertaken at two points during the life of the Project in order to explore their knowledge about sexual health, their perceptions of the sex and relationships education they had received, knowledge of local services, and attitudes to lesbian, gay and bisexual young people. In this section, the analysis of the focus groups is presented. Focus groups conducted during 2003 will be

referred to as 'mid-point' focus groups, and the work conducted in 2004 will be referred to as 'end-point'.

Five main themes emerged from the focus groups: school-based sex and relationships education; youth service sex and relationships education; other sources of sex and relationships education; issues young people want more information about in sex and relationships education; and, finally, more acceptable ways of delivering sex and relationships education.

5.4 School-based sex and relationships education

All of the young people involved had some experience of sex and relationships education at school. They articulated their views on school-based sexual health and relationships education in two main ways. Firstly, they described it as being limited in terms of content, and, secondly, as being limited in terms of methods of delivery. These themes were present in the views articulated by the young people in 2003 and 2004.

Many of the young people perceived sex education in schools to have a scientific focus, being taught predominantly as part of the science curriculum during biology classes. This meant that the content of sessions was usually limited to the biological aspects of sex and reproduction, which, in the views of young people, did not teach them what they wanted to know since this told them '*only half the story*'. One young person described his/her experience of sex education whilst at school:

'It was a pathetic attempt to teach us stuff that we already know about basically all they did was tell us 'this is how babies are made' and then showed us this video which just grossed everyone out – and that was it.' (Focus group 5, 2004).

Some young people had experienced other forms of sex and relationships education whilst at school, for example, timetabled sessions with the school nurse. However, the content of these sessions were again perceived to be limited, focusing mainly on contraception and sexually transmitted infections. One young person commented:

'When we did like the lesson I found that the lesson was just like about protection and just use protection. You know it didn't explain anything else and what the consequences were, it was just all on protection.' (Focus group 4, 2003).

In addition to the limited nature of the content of sex and relationships education, young people expressed the view that the terminology used during these lessons

was outdated and inappropriate. Young people said that the language used should be more realistic and relevant to their experiences, as this respondent articulated:

'And I think they should sort of like say, well, tell the real words, like what it's called in the real world. Not like, don't compare it to science.' (Focus group 2, 2003).

In relation to the delivery of sex and relationships education, many young people said that the quality of sex and relationships education in school was dependent upon the teacher delivering it. Some young people thought that younger teachers were usually better at teaching sex and relationships education, whereas others said that it could be any teacher that could teach the subject in a manner that was relevant to the young people, and did not become embarrassed whilst doing so. Young people also articulated the view that the classroom environment was inappropriate for this kind of work, as they felt intimidated about asking questions. Respondents suggested that groups should be smaller and/or single sex in order to facilitate discussion of a topic and to foster a supportive environment in which young people felt able to ask questions. The following respondents commented on this issue:

YP 1: 'People tend to feel intimidated in front of the class and not to, you know, ask questions.'

YP 2: 'If I wanted to ask a question there's no way I'd ask in front of my class.'

YP 3: 'No neither would I.'

YP 2: 'I'd rather sit there and wonder for the rest of my life.'
(Focus group 4, 2003).

5.5 Youth Service-based sex and relationships education

Not all of the young people involved in the evaluation had direct experience of receiving sex and relationships education from youth workers. However, those who had, compared their experience to that which they had received in school.

Sex and relationships education delivered within the Youth Service was perceived by young people as being geared more towards their needs, in terms of both delivery and content, and they expressed the view that they felt able to *'talk'* to youth workers about what they wanted to know. Young people explained that this was due to the different kind of relationship that young people had with youth workers, and some articulated the idea that youth workers were seen more as *'friends'* than as figures of authority, like teachers.

In addition to these differences, young people also perceived the content of sessions to be different in that youth workers were able to cover topics in more detail and information was more accessible, often being available in the form of leaflets to take away. They also said that the environment within a youth centre or youth club was more conducive to the delivery of sex and relationships education as young people often attended informally and in smaller groups made up of friends. These groups were perceived to enable better discussion of topics, and young people said that they were not as worried about asking questions as they would have been in the classroom environment. The differences perceived in school-based and youth service-based sex and relationships education were articulated by the following respondents discussing a youth service session on sexually transmitted infections:

YP 1: 'They showed you the clips of what you could expect to find.'

YP 2: 'And they explained it more to us didn't they? I think it's because there's only a couple of people here so they can explain it more more than a school can.' (Focus group 1, 2003).

Finally young people with experience of youth service sex and relationships education articulated the view that other young people who were not in contact with the youth service were *'missing out'*. It was thought that one consequence of this was that gaps in young people's knowledge remained because they were unable to obtain the information from other sources.

5.6 Other sources of sex and relationships education

Young people discussed several other sources from which they were able to obtain sex and relationships education and advice. However, there were mixed views amongst young people regarding the value of many of these sources.

Parents and family members were frequently identified as one source from which young people could obtain information and advice about sex and relationships. The quality of the relationship that young people felt they had with their parents or guardians was seen as fundamental to whether or not they felt they could discuss issues with them, and several said they did not feel able to talk to parents or guardians about sexual issues. Some young people said that they could talk to siblings, particularly older siblings, about sex, but by far the most often cited source of sex education, advice and information during adolescence was friends. However, young people expressed the view that whilst peers were a good source of education

and information, they were not necessarily sources of factually accurate information. The following comments illustrate this point:

YP 1 (female): 'I think that a big sister would talk to her little sister about it ... I'm not sure that it's the same for boys – they might feel differently.'

YP 2 (male): I think your mates help a lot although sometimes you get someone who thinks that they know a lot but really they don't.' (Focus group 5, 2004).

Young people's magazines were also perceived to be a valuable source of sex education and appeared to be read by both males and females in order to glean information. One of the mid-point focus groups, which consisted solely of females, identified a general practitioner as a possible source of information and advice, but not all the young people in this group agreed with this view. The girls felt that it would depend not only on the quality of the relationship with the doctor, but also the sex of the doctor. For example, one young woman commented:

'I don't trust my doctor at all, but say I was in a room with him I wouldn't be able to talk about sex to him because he's a man. Maybe if a woman I could talk to a woman I can talk to my mum about sex.' (Focus group 1, 2003).

Some of the groups discussed the use of sexual health clinics and young people's information shops as a source of information and advice. Sexual health clinics were thought to be stigmatising by some young people, and one young woman recounted a negative experience she had when visiting one with a friend. Some peers had seen them leaving the clinic and it was assumed that the young person had been attending because she was pregnant. Information drop-in shops that were tailored specifically to the needs of young people and that could be accessed for issues other than sexual health were perceived by young people as being the most appropriate source of information and advice, as individuals could be attending for any reason. For example, one young person commented on their local information shop, which was perceived by this focus group to be a vital source of support:

'We've got to pray now that they (local sexual health drop-in) don't pack up and go.' (Focus group 4, 2003).

Finally, one young man articulated the view that he would be able to approach his Connexions personal advisor (PA) for sex and relationships advice and information. However, he emphasised that this was as a result of the quality of the relationship that had been built up with his PA. Other young people said that PAs were not an

appropriate source of advice as they were, in the main, careers advisors, and it was therefore felt that they would not be able to deal adequately with requests.

5.7 Issues young people want more information about

Young people often talked of sex and relationships education as not being sufficiently comprehensive and discussed some topics that, in their view, should be more fully addressed. The issue of relationships was one such aspect that came up regularly, particularly in relation to sex and relationships education delivered in schools. Despite the title, the issue of relationships, sexual or otherwise, was not adequately covered as far as young people were concerned, with education focusing on the scientific aspects of sex and reproduction. One focus group of girls at the mid-point of the evaluation talked of the importance of managing peer relationships, and how, when these sometimes broke down, it was difficult to know what to do and who to ask for help or advice.

In the context of sexual relationships, many young people talked about the issue of same sex relationships and how this was often omitted from the statutory curriculum. The young people who articulated this view said that by omitting the topic of homosexuality schools were conveying a message to young people that it was 'wrong' to be gay, such that many young people who might be questioning their sexuality 'would try to fight it'. Furthermore, young people described homosexuality as a normal part of modern society and the omission of it within the sex and relationships curriculum as a form of prejudice against homosexual people. One group dubbed it 'sexualityism'. The implications of this omission, as they perceived it, were articulated by many of the young people, as the following quotation illustrates:

YP 1: 'We didn't even mention it. I don't remember gays being mentioned.'

YP 2: 'It's not fair is it because if you're sat there and you're questioning your sexuality and then they're just going on about straight sex.....'

YP 1: 'You're going to think it's wrong.....'

YP 2: 'And then you're going to think it's wrong and then you're going to like put it off and then sort of like in 10 years time you're going to turn into a right weirdo aren't you really?' (Focus group 2, 2003).

Finally, the group consisting solely of young women expressed the view that there was limited education on the consequences of becoming pregnant and the options

available to them if this should happen. Again, it was perceived that this topic was often absent from the school curriculum. In addition, some of the young men expressed the view that more should be included on this topic for boys as they felt that they did not always fully understand these issues and were often excluded from sessions on this subject.

5.8 More acceptable ways of delivering sex and relationships education

During the evaluation young people were encouraged to suggest ways that sex and relationships education might be delivered that would be more acceptable to them. Several methods were identified, with some, for example the use of smaller or single sex groups, already having been discussed above.

Young people said that sex and relationships education should be interactive rather than passive. Watching videos was not always seen as the most appropriate method of delivery, despite the perception that this was widely used in schools. The use of discussion around topics was identified as important as it was thought that through discussion young people might be able to clarify issues that they did not understand. The use of smaller groups was also suggested at this juncture, in order to facilitate any such discussion, and the issue of single sex groups was raised again. However, young people appeared to have mixed views on the use of single sex groups as the following quotation demonstrates:

YP1: 'In year 7 we went off separately as boys and girls and we were discussing things more 'cos we were away from the girls and separate so it was better.'

YP2: 'Well I think it's better that you have it all together..... or maybe I suppose you could have some stuff separate but there has to be a crossover point.' (Focus group 5, 2004).

Young people also said that sex and relationships education could be provided earlier and in more detail, as it was perceived that young people were having sexual relations at an earlier stage than they had previously. It was thought that these young people should be informed about how to protect themselves and stay safe, instead of being advised not to have sex. Young people had previously reiterated their view that teachers were not always the most appropriate people to deliver sex and relationships education, which should be taught by somebody with more specialist knowledge, who would use more up-to-date terminology to discuss it and provide more relevant and appropriate information to young people. These young people commented:

YP 1: 'What we need is special people like.....'

YP 2: 'Like people from the (young persons sexual health drop-in) to go in like all the schools and that.' (Focus group 4, 2003).

Finally, young people said that there should be more promotion of sexual health services in schools through the use of leaflets and posters, advertising their location and the services on offer. It was perceived by the young people that many of their peers would not know where to go for sexual health information and advice, and those who did know had mainly found out through friends who had used these services in the past. One respondent commented:

'I think some people, most people in my class know but it's mainly through word of mouth, it's not like publicised everywhere.' (Focus group 4, 2003).

Chapter 6

Discussion

6.1 Introduction

This chapter explores the extent to which the Sexual Health Promotion Project achieved its objectives, in order to reach a conclusion about the value of the Project in respect of its contribution to supporting the sexual health needs of young people in Cheshire. The evaluation focused predominantly on studying the implementation of the Project since this is increasingly being seen as an important determinant of whether or not outcomes are achieved (Robson, 2000). The Chapter assesses the extent to which each of the objectives has been realised, identifies key learning points to help inform future work in this area, and provides an overall conclusion as to the success of the Project.

6.2 Work with young people

The first objective of the Sexual Health Promotion Project was to develop, in collaboration with youth workers and young people, a range of effective, appropriate and inclusive programmes for sex and relationships education. Circumstantial evidence indicates that the project made some progress on this objective in respect of:

- preliminary needs assessments carried out with youth workers and young people were used to inform the work of the Project and increased the likelihood of SRE programmes of work being effective, appropriate and inclusive;
- the topics of sexual health, sexuality, and relationships were perceived to be higher on the Youth Service agenda as a result of the Project;
- the young people who had experience of Youth Service SRE (the numbers of which over the four year period were not known) felt this to be appropriate to their needs, and, in many cases, more appropriate than SRE delivered in schools.

Limited progress was made in respect of addressing directly the needs of LGB young people:

- professionals reported a decline in attendance at youth groups provided specifically for young LGB people;

-
- the Project did not resolve the difficulty of how best to provide a service that met the needs of LGB young people, a matter which has been debated in the literature (Perry, 1999; Perry & Thurston, 2001).

Key learning points

- Youth workers are well placed to provide sex and relationships education to the young people with whom they come into contact, a point consistent with other research (Sex Education Forum, 2002; Baraitser et al., 2002; Svenson, 1998; Critchley, 2002).
- Teachers too are well placed to deliver SRE to large numbers of young people. However, the individual, informal, face-to-face contact and small group work between youth workers and young people can facilitate the forging of relationships that increase the opportunities for young people to express their needs and for youth workers to respond flexibly and confidentially to them. This means that, in theory, SRE delivered in youth settings has the potential to be more appropriate and relevant to young people's needs, leading to the kind of responsive, individualised and flexible delivery that has been advocated (Egg Research and Consultancy, 1998; Peckham, 1997; Redman et al., 1997; Royal College of Paediatrics and Child Health, 2003; Weyman, 2003) and which is likely to be effective. This is likely to be true of sex and relationship education in general, but particularly so in respect of issues concerned with sexuality. The extent to which school-based SRE could be 'delivered' according to this model remains to be seen.
- The Youth Service can be a vehicle for addressing the needs of LGB young people as it can help overcome isolation (Peters, 1997) as well as be a good source of appropriate and accurate information (Perry & Thurston, 2001). However, a key question remains as to how best to ensure that the needs of LGB young people are addressed. Targeted provision goes a long way towards ensuring that the needs of this group are specifically addressed but risks being perceived as stigmatising and politically problematic, such that organisations may be reluctant to take ownership of dedicated LGB projects.
- Having a dedicated LGB role residing in one worker can make it more difficult to embed LGB issues into an organisational culture, unless there is a clear job description that puts the emphasis on organisational change rather than front line work.

6.3 Increasing capacity within the Youth Service

The second objective of the Sexual Health Promotion Project was to support the design and delivery of staff development programmes for community and youth service staff aimed at increasing their capability to deliver sex and relationships education and in so doing increase the capacity of the Youth Service to promote sexual health. Evidence from this evaluation indicates that some progress was made towards this objective in respect of:

- a small number of youth workers who completed the accredited sexual health training and who improved their knowledge and skills in the area of sexual health and personal relationships education;
- the briefings on county sexual health policy and challenging homophobia were well attended and received;
- the Sexual Health Promotion Project provided sexual health information and resources to a wide variety of professionals working with young people in the Cheshire area.

A key limitation of the Project was the small number of youth workers who attended the training, which limited the extent to which the capacity of the Youth Service to better promote the sexual health of young people was increased.

Key learning points

- Staff training is an important vehicle for improving the capability of staff and increasing the capacity of an organisation to deliver SRE. To ensure a high uptake of training it must be compulsory for all full-time and part-time staff, a matter which is particularly important for the Youth Service where there are large numbers of part-time staff, such that they are required to incorporate it into their workloads.
- An organisational strategy to facilitate access to training can give permission for individuals to prioritise training as well as give management support for releasing staff.
- Uptake of training will be higher if the training is perceived as high quality: that is, relevant, interesting and appropriate to needs.
- Organisational constraints brought about by external factors, which are often unpredictable, (such as the loss of youth workers to Connexions) can compromise an organisation's capacity to take responsibility for a new project at particular points in time. If projects are regularly reviewed and monitored

by the steering group, then there is an opportunity to take appropriate action to address such issues, unpopular as this might be.

- Conducting briefings as part of the induction process can be an effective and efficient way of delivering material to all new staff.
- Keeping up-to-date on issues of sexual health and relevant policy and legislation requires that similar effective and efficient methods of briefing all staff are developed.

6.4 Working with the health service and other organisations

The final objective of the Sexual Health Promotion Project was to develop new and existing links between the community and youth service, health services, education services, social services and other key agencies involved in the promotion of young people's sexual health, to ensure that their response to the sexual health needs of young people was appropriate. There is some evidence to suggest that at both a strategic and operational level there was some progress towards this objective in respect of:

- contact with various agencies was established such that the Project was able to respond to requests for resources, advice and training sessions and so support others working in the community;
- the steering group membership, albeit variable in terms of who attended, was multi-agency and multi-disciplinary.

Key learning points

- It is difficult to ensure that each new project is linked into all other relevant work in order to avoid duplication and ensure that related work is not done in isolation. There are considerable opportunities for addressing these issues by ensuring that projects are integrated into the overarching frameworks that exist, such as the Healthy Schools Programme, and through key representatives on relevant boards and steering groups.
- Establishing a clear identity for the Project was important but became problematic, with the emphasis on meeting the needs of LGB young people changing over time and the steering group having a limited capacity to generate a shared vision and focus. Bloxham (1996) has argued that in the 'controversial' field of sexual health, inter-agency work is likely to face additional pressures, such that there is a greater need for shared values and

mutual respect. If there is no clear strategic vision, then there is likely to be ambiguity and inconsistency at the operational level.

- Strong management of the Project was required in order to achieve successful implementation within the timeframe. However, there was a perceived lack of support from Youth Service management, which was likely to have had some impact on what was and was not achieved during the life of the Project.
- Mainstreaming the work of the Project was not an easy task and strategies needed to be in place from early on in the life of a project. A key challenge for time-limited projects such as this is to think through how to embed valuable work into mainstream practice, particularly if it is led by a key worker. This reflects the position that is often seen with inter-agency projects, in that they are significantly progressed and enhanced through having a dedicated worker to facilitate them (Scriven, 1995) but are at risk of foundering once funding for the key worker is no longer available.

6.5 Conclusions

This Project emerged against a background of considerable organisational change in both the youth and health services and progress was made difficult by changes in the Project staff and steering group members. These constraints form part of the complex of variables that resulted in the Project not achieving all that it set out to achieve. Yet the Project was implemented at a time in which considerable attention was being given to improving the sexual health of the population, particularly of young people where risky behaviours are most prevalent. Given the above, it is difficult to avoid the conclusion that, whilst locating the Project within the Youth Service had a number of advantages, it was, for those reasons identified above, not fit for purpose in respect of being able to accommodate the Project effectively between 2000-2004. The steering group might have played a more strategic and proactive role in addressing the well documented problems that the Project was experiencing and therefore played a stronger part in managing the Project towards successful implementation.

The need for young people to experience timely, high quality SRE that is responsive to their needs and addresses relationships issues, including same sex relationships, is as pressing as ever. The current policy agenda emphasises a cross cutting approach to sexual health promotion and the integration of services. The Sexual Health Promotion Project has experimented with many of the issues attending this

policy arena. To this end, this report has highlighted some learning points that can be used to inform future work in this area.

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Appendix 1

Needs assessment questionnaire: young people and youth workers

(Not available electronically, see hard copy).

Appendix 2

Pre-training and post-training evaluation forms

(Not available electronically, see hard copy).

Appendix 3

Interview schedule

(Not available electronically, see hard copy).

Appendix 4

Focus group schedule

Youth Sexual Health Project Evaluation

Focus group schedule

Part 1 - Once the aim of the research has been explained to the young people present the focus group will begin with an informal discussion about what the young people present understand by sex and relationships education in order for this to be explored in the context of what they understand it to be and what they have experienced.

What do you understand by the term sex and relationships education (SRE)? (specific prompt about sexual health if not discussed)

What kind of sex and relationships education have you received (from teachers/youth workers/parents)? What were the topics/areas covered?

Find out where young people obtain sex and relationships education. Distinguish between education delivered by schools, teachers, health professionals, parents and youth workers, and identify other sources young people may have received SRE from. This evaluation focuses on a youth service project and whilst we want young people to discuss the totality of their experience of SRE, their experience within the youth service will be focused upon.

Explore for each source of education how young people feel about:

1. The way sex and relationships education (SRE) is delivered?
Are there any similarities/differences? What are these (Examples)?
What do you think about SRE? Is it good, interesting, informative, or embarrassing? In what ways (Examples)?
Is it pitched at the right level? - do you understand it?
Could delivery of SRE be better?
How? - What kind of things could make it better? Single sex groups?
Discussion of the issues? More information provided? Why/Why not?
2. Does it cover the things you want to know about?
Were you asked about what you wanted to cover? What was your involvement?
Are there other things you would like to know about that aren't covered?
What would these be?
Are there things you don't think you need to know? Why?
Do you feel you receive enough information around sexual health/relationships (same sex/opposite sex)?
If not what kind of things would you like to know? What information do you feel you need?

(If no specific mention is made above, prompt questions will be asked around attitudes to LGBT young people - e.g. Were sexuality issues taught/discussed? Do you think there should be (more) education around sexuality and LGBT relationships for young people - why/why not? What kind of things would you like to know more about in relation to sexuality and LGBT relationships/sexual health? How do you feel these issues should be taught/discussed?)

Specific questions for LGBT young people: How applicable was SRE to your own experience? How applicable was sexual health promotion to your own experience?

Part 2 - Although the delivery of SRE is the responsibility of different organisations and is done in different ways, we would like to establish where young people feel most comfortable receiving SRE.

Is there anywhere you have received SRE that may have involved different services working together? Visits at school etc?
Where? - What was this like? Repetitive? Different? In what ways?
Should there be more opportunity to receive SRE? Should more people provide it?
Why? - Why not?
If yes what sort of people should provide this education? - Where could they provide it? What kind of things should be included? How should it be provided? (in what format)
If not do you feel you get enough SHE? Why?

Part 3 - Find out what is known by young people about local sexual health service provision, and where they learnt about them:

Do you know where your local sexual health services are?
Do you know how to access them if you needed to?
Why you might need to use them? - what services they provide?
Where did you learn about them? As part of SHE?
Do you think that young people are generally aware of these services and what they provide?
Is more awareness needed? If so how could this be achieved? In what ways?
Are there any other sexual health services you would like to receive?

Appendix 5

Participant information sheets: young people and professionals

Information for young people

Evaluation of youth service sexual health promotion project

You are being invited to play a part in a research study by taking part in a focus group discussion with a researcher to explore your experiences of sex and relationship education. Before you decide if you want to take part it is important for you to understand why the research is being done and what you will have to do. Please take time to read this information very carefully and discuss it with other people if you wish. Ask us if there is anything that is not clear or if you would like more information about the research.

Thank you for reading this.

What is the purpose of the research?

As you probably know there are many different people involved in teaching you about sex and relationships and sexual health. One of these people is your youth worker. The youth service have teamed up with the education service and the health service in Cheshire and appointed a sexual health worker, whose job is to support your youth worker and others in providing sex and relationships education in youth clubs for young people like you. This sexual health worker is also responsible for providing training for youth workers about delivering sex, relationships and sexual health information, and provides resources, such as books and leaflets so that youth workers have the best and the most up to date information available.

The aim of the research is to find out how effective this new role is in providing support, training and resources for youth workers providing sex and relationships education for young people. A written report will be produced at the end of the project. The findings of the study will help the youth, education and health services in Cheshire provide the most appropriate sex and relationships education for young people.

Why has my group been chosen?

Your group has been chosen to represent your area in Cheshire. Five other groups will also be selected from other areas in Cheshire.

Do I have to take part?

It is up to you whether or not to take part. If you decide to take part you are still free to withdraw at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your relationship with your youth worker.

What will happen to me if I take part?

If you decide to take part, you will be asked you to sign a consent form to show that you agree to take part in the focus group discussion with the researcher and a helper who will be there to take notes. The focus group will take about an hour and will give you the chance to tell the researcher what you think about the kind of sex and relationships education that you receive. You do not have to tell the researcher anything about yourself and you don't have to answer any questions you don't want to. Your youth worker will not be in the room when the focus group is taking place and will not hear anything you say. Everything you say will be confidential within the group. However if you say anything that concerns the researcher about your welfare or the welfare of somebody else she may have to tell your youth worker so that she/he can deal with it properly. If you all agree the researcher will tape the focus group so that what you say will be reported correctly. No names will be used in the final report.

What are the possible risks and disadvantages of taking part?

There are no foreseen risks or disadvantages to taking part in this research. However if you feel upset or uncomfortable about anything being discussed in the focus group you are free to leave at any time. Your youth worker will also be available at the youth centre whilst the focus group is going on so that you can talk to him/her about anything that may have made you feel upset or uncomfortable.

What are the possible benefits of taking part?

As a young person who uses the youth service you will have the chance to say what you think about the sex and relationships education that is provided by the youth service and other places, such as school. By taking part you are helping the development of this type of education, which may benefit yourself and other young people in the future.

What will happen to the results of the research study?

The findings of the research will be combined with the findings from the other focus groups taking place and will be written into a report. This report will be used to develop the ways in which the youth, education and health services provide sex and relationships education. Young people who take part will not be identified in any written report.

Who is organising and funding the research?

The idea for the study came from the youth service, the education service and the health service who are keen to improve the sex and relationships education that you get from the youth service in Cheshire. The Centre for Public Health Research at Chester College will organise the research and the focus groups with young people.

Who can I contact for further information?

If you would like any more details about the research, please contact Mona Killey who is from the Centre for Public Health Research. This can be done:

- through your youth worker,
- by speaking to her personally when she is in the youth centre,
- by telephoning her on 01244 375444 ext 2027.

Thank you for your interest and co-operation in this research.

Dear,

RE: Evaluation of youth service sexual health promotion project

As you may be aware, Cheshire Youth Service in conjunction with education and health services in Cheshire have appointed a sexual health worker named (name of worker) as part of a sexual health promotion project. Her role is to provide support, training and resources for youth workers delivering sex and relationships education to young people. Development of this project is being overseen by a steering group comprising of representatives from the youth service, education service and the health service in Cheshire. The Centre for Public Health Research, which is an independent unit based at Chester College of Higher Education, has been asked by the steering group to undertake an evaluation of this project. An important part of this evaluation is to determine the views and experiences of steering group members involved in the implementation of this project and youth workers who provide sex and relationship and sexual health education to young people. This is why you are being asked to take part in an interview.

Youth workers selected for interview have been identified through (name of worker), and steering group members have been selected to ensure that the different agencies involved in this project are represented. I would like to ask you about your views of sex and relationships education and your work and involvement with the project. In addition for youth workers, I would like to ask about your experiences of providing sex and relationships education to young people, particularly since the implementation of the sexual health promotion project. I would also like to tape the interview to ensure accurate reporting of what you have said, but nothing that you do say will be attributed to you as an individual and nobody within the youth, education or health services will hear the tape. Interviews would take approximately an hour, and would be conducted at a time and place convenient to you. If you have any questions, then please do not hesitate to contact me on 01244 375444 ext. 2027.

Thank you very much for your help.

Yours faithfully,

Mona Killey, Researcher, Centre for Public Health Research.

Appendix 6

Consent forms

CONSENT FORM FOR YOUNG PEOPLE

Title of Project: Evaluation of youth service sexual health promotion project

Name of Researcher: Mona Killey

**Please
initial box**

1. I confirm that I understand the information about the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐
3. I agree to take part in the above study. ☐

Name of young person

Date

Signature

Name of parent/guardian
(if young person under 16)

Date

Signature

Researcher

Date

Signature

1 for young person 1 for researcher.

YOUTH WORKER/STEERING GROUP MEMBER CONSENT FORM

Title of Project: Evaluation of youth service sexual health promotion project

Name of Researcher: Mona Killey

**Please
initial box**

4. I confirm that I have read and understand information for the above study and have had the opportunity to ask questions. ☐
5. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐
6. I agree to take part in the above study. ☐

Name of youth worker/
steering group member

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

1 for youth worker/steering group member; 1 for researcher.

Appendix 7

Verbatim comments from youth workers from the post evaluation forms

What were the most helpful features of the training?

'The way it was presented, using exercises.'

'Looking at policies/procedures. Alternative resources.'

'The more interactive parts, i.e. role plays and quizzes.'

'The resources to use when delivering especially around homophobia and condom negotiation.'

'STIs.'

'Practical resources.'

'All aspects of course.'

'STIs.'

'(Sexual Health Promotion Project Worker's) handouts and box.'

What were the least helpful features of the training?

'None.'

'Straightforward passing over information.'

'STIs – only because (my) knowledge was at a good level.'

'Theory, lecture based.'

'Policies and legislation.'

Is there anything else that you would have liked the training to cover?

'Abusive relationships – how to spot them early.'

'Closer link between SHPRE and child protection issues would lead to less confusion and more competent practice.'

'A resource list and where to get them from.'

'More practical.'

'More in depth training for STIs and LGB.'

'Updates regularly.'